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Table of Contents

	PAGE
HOW TO TEACH THE PREVENTION OF TUBERCULOSIS TO SCHOOL CHILDREN <i>Sarah B. Helbert, R.N.</i>	1
TWO INDISPENSABLE COMBINATIONS IN HOSPITAL WORK..... <i>A. S. Kavanagh, D.D.</i>	6
NURSING FOR A LIFE INSURANCE COMPANY..... <i>Emily Harrison Bance</i>	11
CONSERVATION—THE WASTE OF HUMAN ENERGY IN HOSPITALS... <i>Minnie Goodnow</i>	14
CLINICAL STUDIES WITH NERVOUS AND MENTAL PATIENTS... <i>Lucy C. Catlin, R.N.</i>	18
THE HUMAN SIDE OF ANESTHESIA..... <i>Anne E. Perkins, M.D.</i>	20
THE PRIVATE NURSE'S TRIALS AND THEIR COMPENSATIONS... <i>Annette Fiske, A.M.</i>	22
THE NURSING OF CHILDREN..... <i>Zula Pasley</i>	25
DEPARTMENT OF PUBLIC WELFARE.....	29
A HAPPY NEW YEAR..... <i>Katherine Cooke</i>	31
GLEANINGS FROM MEDICAL LITERATURE.....	33
EDITORIALLY SPEAKING.....	35
THE HOSPITAL REVIEW..... <i>Conducted by Charlotte A. Aikens</i>	39
THE EDITOR'S LETTER-BOX.....	44
IN THE NURSING WORLD.....	47
NEW REMEDIES AND APPLIANCES.....	60
THE PUBLISHER'S DESK.....	66

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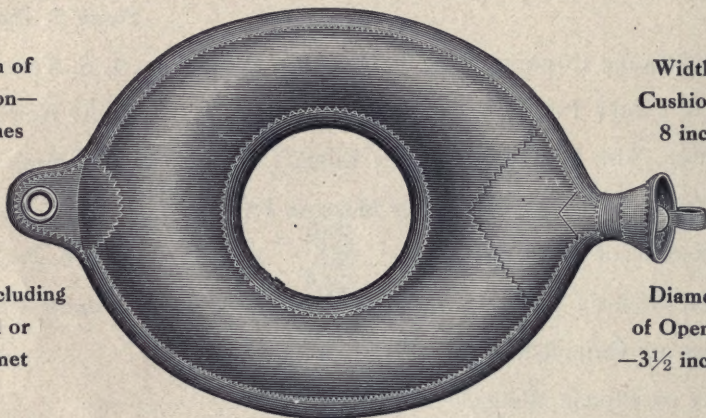
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The Trained Nurse and Hospital Review

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No. 1

How to Teach the Prevention of Tuberculosis to School Children*

SARAH B. HELBERT, R.N.

Cincinnati, O.

THE practical question which comes to me each week is Tuberculosis—how to teach its prevention to school children.

My first impulse is to simply answer: teach personal hygiene, as hygiene is the science of health; it is the work of education, and because the deepest and most lasting impressions are acquired in youth. Long ago it was felt that one of the important factors in the campaign against tuberculosis was the education of children regarding its prevention. If we teach them to live such pure, wholesome lives as to prevent tuberculosis, we will also prevent many other infectious diseases.

My lectures are strictly upon hygiene, with special references to the prevention of tuberculosis, and I try to use the terms that are familiar to children, such as spit for sputum or saliva, etc. The ideas are expressed in language that will be easily understood by the younger children. I usually put it in the form of a story and teach that their body is just their little house in which they live. Really, it is just a temple for the soul; therefore, it is very important that they keep it clean.

I often compare the bodies of the children

with growing plants, the face representing the blossoms, and I classify them into three groups:

First—A strong, healthy plant is a healthy body with rosy cheeks.

Second—A sickly plant is a weak child with a pale face, because it does not follow out the rules of hygiene. It keeps the windows closed at night, etc.

Third—A weed is one who is very careless with his body, coming to school with dirty hands, etc.

Then I explain that if they carry out the rules of hygiene they will be strong, healthy plants and need never be sick. I teach that when any one gets sick it is because they have been careless with their body, or some one has been careless with their germs. I then explain that everything that grows starts from little seeds of some kind, and that all catching diseases start from little seeds, but these seeds that make you sick are so tiny that you cannot see them with the naked eyes but must look at them through a microscope. We call these seeds that make you sick, germs, and the germs are different shapes and forms, the same as other kinds of seeds. They are always thrown out of or off of bodies of people who

*Read before the Indiana State Nurses' Association, Indianapolis. Contributed to THE TRAINED NURSE.

are sick, and they don't hurt you until, entering your body, they grow, multiply and make you sick.

The germ that causes measles comes from the discharge of the nose and the mouth of a child coming down with measles. The germ that causes diphtheria comes from the throat, etc. Until a few years ago, we always called this disease consumption, because a body would take in a few of the germs and they would consume the whole life of that body; that was why we called it consumption, and we thought the disease was hereditary. If the mother had the disease the children would, and so on, and they usually did, because they didn't know how to take proper care of the one who had the disease.

In 1882, Dr. Robert Koch, of Berlin, Germany, a wonderful German doctor, discovered just the little seed or germ that causes consumption, and he named that seed or germ the tubercle bacillus. He called it tubercle because those little tubers, or lumps, grow in the lungs. Bacillus means rod-shaped, because it is long and slender, like a rod. They are always thrown out of a consumptive's body by coughing, sneezing, and spit. A consumptive ordinarily spits up a thousand germs at a time, and the tubercle bacillus belongs to the vegetable kingdom. It is a vegetable parasite, and grows and multiplies very fast. When the germs become dry they become so light they float in the air, and may be breathed into the lungs, or taken into the body by food, upon which they have fallen. One fly can carry over one hundred germs on its legs and body, after it has been on sputum, or spit. I tell them that through a microscope they look like a tiny, colorless worm. These germs grow very fast in weak lungs, but they cannot grow very fast in strong, healthy lungs. That is why I want them to sit up erect and try to develop strong lungs.

I illustrate, then, with a strip of paper,

or crayon, with a line on the blackboard, and show how the germ when it grows its full length, breaks in two, making two germs. Every fifteen to twenty minutes they are full-grown, and every hour or two they break in two again; that they will live two and one-half years in a dark or damp place, or a filthy yard, but if the sun shines on them for three minutes it will kill them. That is why we should keep the curtain up and the windows open, so the sunshine and fresh air can kill the germs.

After having explained to them how the germs are thrown off by those who have the disease, and how afterwards they become so dry, and float in the air, I endeavor to tell them how to avoid taking them into the body (or their little house). I usually ask them whether they have screen doors at home, and what they are for. They say "to keep out the flies." Then I say, "See how well your house is constructed; your nose acts as a screen door to your house!" I explain to them that in the air passages of the nose are little stiff hairs which act as screens to keep out disease germs, and, therefore, it is very important for them to always try and breathe through the nose, and not the mouth, especially in public places, and where the dust is blowing.

These germs float in the air and settle on everything, and while they are so small we cannot see them with the naked eye, they are there just the same, so they should not put fingers, pencils, penholders, rulers, marbles, corners of books, pins, needles and money in their mouths. I tell them to stop and think of all the diseased, dirty hands through which money passes. Yet you cannot go to a candy store without seeing some child putting a penny, nickel or dime into its mouth, and even grown people on the street cars put money in their mouths. I seldom enter the school room without seeing a child with pen or pencil in its mouth. As a final admonition I say, "Now don't put anything in your mouth but clean, whole-

some food. Don't use your mouth for a garbage can."

Then their little eyes open wide and their little faces show disgust. I tell them that "I am sure *you* will never put pencils, etc., in *your* mouth again nor eat without first washing your hands." This opens up the subject for general hygiene, under which I give them instruction about the care of the teeth, mouth, hair, wash-rag, underwear, bathing, breathing, eating, drinking, ventilation, etc.

I demonstrate with the toothbrush, and tell them how very important it is that they bring a clean handkerchief to school every day, and that when they cough and sneeze they should always hold the handkerchief to their face. I impress on them how very important it is for each child to have his own wash-rag, and never to use one belonging to any one else, as that is one way in which skin diseases are carried. In practical experience I have found looking glasses to work wonders in my day camp. When a child comes to camp untidy I say, "Now just look in the mirror, and see how your little house looks." Then, of course, they run to wash, comb and clean up. I tell them about twenty minutes before they start to school to look into the mirror and see just how their little house looks, and not just look at the face, but the hair, teeth, clothes, see if any buttons are off, sew them on, and then turn around and look at their little backs to see if they are growing up to be straight, healthy plants. I always endeavor to compliment and help the teacher, when I am discussing general hygiene, by telling the children they should follow out the instructions the teachers give them on these points. This makes it easy for the teachers afterwards to reinforce and emphasize what I have said.

There have been many evidences of the good results of these talks on hygiene. The mothers reported to the teachers, in one of our schools, that there was no living with

the children since that nurse talked to them; that the children would not go to bed or to sleep unless they had one window open at the bottom, so fresh air could come in, and a window open at the top, so the bad air could go out, and they had to keep them open until the children were asleep. In another instance a boy in high school, who was very active and who liked to play ball and perspired freely, was the despair of his mother and teacher because of his refusal to take baths, and because of his slovenly habits. In spite of his mother's protest, he would sleep in his underclothes. After hearing the lecture he became quite particular, and takes frequent baths; to his mother's chagrin, he insists upon hanging his trousers out of the window every night, so they will become thoroughly aired out. One day his mother said to him, "Why are you so particular about your underwear," and he said, "Oh well, mother, there was a nurse at school the other day, and she said we ought to air our clothes." "Well," replied the mother, "I have always taught you to take off your underwear at night and you wouldn't do it." He said, "Yes, mother, but you never told me why." The mother said, "Why, you even carry your toothbrush in your pocket now." He replied, "Mother, I don't come home for lunch, and I am not going back in the school room with a bad breath." So much for results.

The instruction in the public and parochial schools not only benefits the children directly, but through them reach the homes. In my school work I dress in nurses' full uniform, with the red tuberculosis emblem on my sleeve. I tell pupils the tuberculosis society had adopted the red emblem in 1902 as their emblem, because it is the emblem of a crusade, and whenever you see any one wearing the double-armed red cross it means that he is engaged in the fight of tuberculosis. To hold the attention and to impress the memory of children, it is desirable to appeal to the eye as well as to the mind.

By doing this I have been able to hold the attention of the children in a satisfactory way. Of course, the language and illustrations are adapted to the age and intelligence of the audience. I find it desirable to modify these more or less as I go to the lower and upper grades.

When I tell them we lose almost 200,000 lives in the United States from tuberculosis, I write these numbers on the blackboard. I mention that Cincinnati ranked second in the death rate of the cities of the United States from this disease up until last year, when we came down to fourth on the list; that the board of health gives the school children a great deal of credit for it. I tell them that we want Cincinnati to come way down on the list this year, and we can if we can get each child to be a sanitary officer in his own home. Then there will be no dirty back yards for disease germs to grow in. To make it more personal I emphasize that if *you* have a dirty back yard, and I go by, and your teacher or classmates go by, and see it, they know what *you* are growing there.

That this point was well remembered is shown by a conversation of some children heard by a physician who was at that time president of the Anti-Tuberculosis League. I told this story during my first year to a class of first-grade pupils. While lecturing the second year to the same school in the grade, I failed to repeat the story at the close of the talk. Little Peter, who had heard the lecture in the previous year, in the first grade, vigorously waved his hand. When asked what he wanted, he said: "Won't you tell the story about the snow?" The story was as follows: The doctor was waiting for a car. A boy started to eat some of the dirty snow from the gutter. The little girl who was with him said, "Here, Tommy, you must not put that dirty snow in your mouth. Maybe it's got some of those consumptive germs in it."

Talking to the kindergarten children, I only talk about ten minutes and demon-

strate the use of the wash-rag, toothbrush, handkerchief, pencils, windows, etc., and I find they carry home and put in practice as much as the higher grades. Except in the upper grades in the high schools, I demonstrate everything as far as possible. For example, I drink out of a cup to show them how to do so with the least danger of contamination; I tell them to avoid promiscuous kissing, and teach them to say, "Kiss me here or here," pointing to the forehead and cheeks, "but never kiss me here," pointing to the mouth.

In one of these schools I went to speak to a mother's club about two weeks afterwards. A woman came up to me and said: "Say, are you the nurse that talked to my children in kindergarten and school?" I said, "Yes." "Well," she remarked, "I don't like it. Since you talked to my children they are too particular for any use. There is no good putting such notions into their heads. They won't use dirty dishes any more, and if a spoon drops on the floor they have to have a clean one, as they are afraid of germs; and I haven't time to wash dishes for every meal." After I lectured to this club I learned that this woman became the leader in cleaning up the whole block—back yards and all.

I try to impress upon the pupils never to spit on the sidewalks, or in any public buildings, as the germs are carried on shoes and long dresses, where they become dry and float, and are breathed into the lungs or taken into the body with food, but that there will be less danger of their growing and doing harm if their bodies are in a healthy condition.

I am careful not to frighten the children, but I do try to impress upon them the importance of right living, as a means of avoiding the disease. I also tell them it is no longer necessary for every one who gets the disease to die, for, if taken in time, it can be cured, but they stand a much better chance of getting well if they have kept the body strong by following the rules of health.

I then explain to them how and where treatment may be secured, and impress upon them the importance of any one being examined who may possibly be infected. I also endeavor to relieve their mind of the fear of associating with consumptives by explaining to them that there is little danger if the consumptive is what we call a clean consumptive. I then outline the precautions that should be taken by one who is sick to prevent others from taking the disease.

To increase the interest of the children I ask them to write short compositions on "Hygiene to Prevent Tuberculosis," as plainly and as briefly as they can. This they do, and I have a number of compositions with me.

When I visit the second or third time I ask questions on hygiene. The lectures have been given to all grades, from kindergarten to high schools. Special lectures have been given to teachers in parochial schools. Growing out of these lectures many engagements to speak to mothers' clubs and sodalities have been filled. I have also talked to employees of factories at the noon hour, also to numerous miscellaneous groups in clubs, churches and societies.

At the beginning it was not easy to

arrange these lectures in schools, but the time soon came when all difficulty vanished, and no trouble whatever has been experienced since the first year.

The Anti-Tuberculosis League secured the consent of the Board of Education to have these lectures given. The result of the effort to get into parochial schools was very gratifying. After the first few lectures the priests rendered assistance in making other engagements. Because of the influence these lectures have upon the children, and through them upon their families, and also through the literature that is given them to take home, the Anti-Tuberculosis League regards the school instruction as one of the most important factor in the campaign.

The following is a summary of the work the past year.

	No. Places	No. Teach- ers	No. Lec- tures	No. Pupils	No. Circulars
Public schools.....	63	698	280	26,236	15,500
Catholic schools.....	31	171	95	7,202	4,254
German Lutheran.....	3	6	6	295	375
Norwood schools.....	7	60	30	2,415	270
Schools near Cincin- nati.....	19	141	55	4,386	2,292
	123	1,076	466	40,534	22,691
Clubs.....	23	....	23	1,357	1,640
Sodalities.....	6	....	6	225	275
Factories.....	2	....	2	62	105
Grand total.....	154	1,076	497	42,178 1,076	24,711
Grand total attendance.....*				43,254	

A HAPPY NEW YEAR

The records do not say when it was that men began first to pass on to each other, with a smile on the face and a ring in the voice, those old familiar words that are greeting us everywhere these opening days of the glad New Year. Probably, like many of the dear familiar things of life, this custom goes away back into a dim and unknown past. It has lived because it has abundantly deserved to. The wish for a happy year for our friends is a golden wish indeed, if we put into that one word "happy" just all that it ought to contain.

If it mean only bright and care-free and sunny it may prove to be an empty and a mocking wish. That life will be care-free and sun-flecked all the way, what one of us can hope. Time and chance may bring sorrow and darkness even before the echo of our wish has died away. But there is a happiness that time and chance cannot spoil. In the light of that blest truth, and with an honest heart, we wish a Happy New Year to every reader of this paper.
—Selected.

Two Indispensable Combinations in Hospital Work *

A. S. KAVANAGH, D.D.

Superintendent Methodist Episcopal Hospital, Brooklyn, N. Y.

IN MY office stands a remarkable teacher, sullen, silent, relentless, like a sentinel clad in armor, as if questioning my right on the premises. I speak of my hospital safe. It contains many things of value, such as contracts, plans, bonds, histories and documents of various kinds; in fact, everything except money, which, as a rule, does not tarry long enough for "safe" keeping.

When a decade or so ago we first became acquainted with our austere friend and learned something of his importance, we determined that the most cordial relations must be established between us with as little delay as possible.

Accordingly, we undertook the task of mastering the talismanic combination by which those iron doors might be induced to swing open. After the necessary instructions we gently turned the knob forward, then backward, then forward again, then all around, recalling the experience of a well-known New York banker of a generation ago, who spent half an hour trying to open his safe, and was about to give up in despair, when he discovered that he was spelling the combination word, boot, "b-u-t-e." Though that "boot" was a "bute" it could never open his safe; but when, by the aid of his secretary, the proper combination was used, the door swung open as if by magic.

Even with the right combination I found it no easy task, and more than once should have met with defeat if it had not been for my secretary. In those early days of my superintendency I discovered that there is a rare combination which every superintend-

ent must learn in order to attain any reasonable degree of success.

If I mention a few of the items in this combination, it will not be with the claim that I have mastered them, but, rather, to indicate the lines of my personal endeavor.

And first of all is that reticent, elusive grace of patience. Oftentimes have I thought of the old rhyme and recited it for my own encouragement:

"Patience is a virtue, try it if you can;

It is seldom found in woman, and never found in man."

I need scarcely say that a nervous, excitable, impatient official would find it extremely difficult to adjust the combination. Here is where some of us fail. Somebody says that "when a lawyer loses his temper he is very apt to lose his case." That undoubtedly is true; but when a superintendent loses his temper his case is lost already. Let us make no mistake—patience is the combination.

And so is exactness. You may be within a hair's breadth of being right when turning the knob, but it won't do. You might as well be a hundred miles away as the hundredth part of an inch.

It is just as well to get that fact indelibly fixed in one's mind. The business world understands this. The bookkeeper in the bank or mercantile house knows he must hunt for hours to find a missing nickel. There can be no correct balance until he finds it.

Years ago, when I was a boy, I knew a tool maker in New York City who was receiving *four* dollars per day, which was large wages for those days. It fell to his lot

* Read at the Canadian Hospital Association Convention, Toronto.

to make drills for the oil wells in Pennsylvania. Every drill bore his initials. One day a gentleman from the oil fields arrived in New York, and offered him *ten* dollars a day to superintend the making of drills in a foundry in Pittsburgh. He accepted, and a year later was re-engaged at twice the salary. Why this splendid good fortune? The explanation is this. It was a well-known fact that the drill which bore this man's initials wore out, but never broke.

In the man or woman who is superintending a large or small hospital, there must be an exactness which spells thoroughness. A justice and fairness with employees, patients, doctors and nurses which will inspire all fair-minded people with confidence in the superintendent as the executive officer of the institution, and in the institution itself. Laxness, indifference, procrastination, unkept promises spell failure for the superintendent.

From the very first, in my effort to master the combination, I learned that patience and exactness in the ordinary were not enough. To these virtues must be added perseverance. You may have worked out the combination correctly, as you supposed, only to discover that you have to begin over again. You didn't quite make it, but you cannot afford to stop; you must try again, and yet again. Your patience may have to be reinforced by downright perseverance, and then you will win.

This, as you know, is true to actual life. Many a battle has been won by just a few more shots; many a picture made perfect by a few more touches, and many a patient has been saved because the doctor, or nurse, or both, refused to surrender. Every efficient superintendent will have unrealized ideals. His motto must be: "I count not myself to have apprehended; but this one thing I do, forgetting those things which are behind, I press toward the mark for the prize." It's a great calamity when any of us feel that the prize is behind us. Perse-

verance is in the combination and is the prize winner.

There are many more things in the combination, but these few characteristics must be found in every superintendent who achieves a respectable degree of success.

Up to this point I have used the word superintendent repeatedly. You may take that word out, if you will, and insert the word physician, or surgeon, or directress of nursing, or the head of any department. There is no success worth while in any department without the mastery of this combination.

And now, turning from this combination, which makes individuals efficient, let us examine the combination which will make the hospital in the highest sense successful. And here, as every superintendent will understand, the right combination is realized only by the proper and proportionate recognition and development of each department.

For example: No hospital can be efficient in the highest sense whose business interests are not properly conducted; and this is often more difficult than running a banking institution. In the bank every man is an expert, from the president down to the policeman at the door. In a hospital you have to deal with a score or two physicians and surgeons whose appointments outside must be kept, and whose duties in the hospital often overlap, because of emergencies which arise in their own practice, or in the work of the hospital.

Then there is a houseful of patients, private and public. They are ill, or they would not be there, and that means nervousness, complaints, unreasonable demands of friends, bills to be collected; some are free, some are partially free, and some pay in full. But there must be no mistake in the book-keeping. The slightest mistake is unpardonable when nervous patients, or their more nervous friends, are involved.

Then there are nurses, several score.

They have come from homes where their independent spirit was never checked; and they, too, involve bookkeeping. Books, board, uniforms, etc., are necessary for each nurse.

Then you have the help—orderlies, porters, maids. Well, in a word, it is not a bank, with experts at every desk; it's a mixed multitude with which you have to deal; and, singularly enough, many of them feel because it is a charitable institution, business methods are almost out of place. This is not always so honestly expressed as it was by one of our women employees when we installed a time clock. She said, "It was all right for a business house, but had no place in a charitable institution." Now, as a matter of fact, there is no place where strict business methods should be more in evidence than in a hospital. There are so many different interests and so many indifferent people, a strong organization must be maintained. We are handling the sacred gifts of hundreds, perhaps thousands of people, living and dead. To carelessly waste a dollar is to prove ourselves unworthy of the trust reposed in us.

In some places a buyer or purchasing agent has a free hand. The doctors, the nursing department, the housekeeper, all press their supposed needs. In some hospitals they occasionally have the privilege of placing their own orders. What a temptation it is for a surgeon to order something new when he visits a well-stocked supply house, and what a temptation for an agent to push his trade by a discriminating distribution of samples among physicians, some of whom seem willing to sell their influence for what, after all, is but a trifle.

I have two rules which protect our hospital against these conditions. First, all orders must be signed by the superintendent. There is no exception. Once or twice a doctor has ordered something he needed in his department, and the bill has been sent to the hospital. I have always returned it.

It must be collected from the doctor. Once or twice I have handed the doctor the amount of the bill afterward; but in the first place it was settled by the doctor.

It is our purpose to make clear to the physicians that there is only one person authorized to make purchases for the hospital; but what is more important than that, to teach the commercial houses that orders other than those from the superintendent must not be honored.

The other rule I observe is this: I will never give an order to a salesman who comes to me with a long list of recommendations from my staff, for I have discovered that often to get rid of him and thus save time, a doctor has given a mild endorsement, which assumed very large proportions in the mind of the agent.

By this method of procedure the equipment of the hospital does not suffer in the slightest degree, for the doctors have a very persistent way of making their wants known.

The American Hospital Association could have rendered no more important service than it did by adopting and recommending a uniform system of accounting, which has been adopted by many hospitals throughout the country, and making possible a fairly satisfactory comparison of the work, the income and the expenditures of similar institutions.

History keeping is an exceedingly important matter in a well-regulated institution. It has been my privilege to watch the evolution of history keeping for twelve years in our own hospital.

We were proud of our histories and had reason to be. A physician, not of our own staff, recently writing upon the early treatment of appendicitis by operative procedure, spoke of the exactness of our records of the disease and its treatment.

In some particulars we cannot claim to surpass those early days, and yet I am sure decided improvement has been made. A

few years ago our hospital was threatened with a law suit which drove us to a close study of a certain history. We discovered that it had absolutely no legal value. It was written by an interne from his notes, perhaps after the patient had left the hospital. It was supposed to be done promptly but it didn't have the ear-marks of promptness. It was neatly typewritten and bound in morocco; but as a legal or an exact document, it was not worth its splendid binding.

As soon as we had gotten out of our difficulty, the board of managers voted two things—first, to do away with the custom of typewriting the histories, and, second, to insist that completed histories shall be brought down to the office with the discharged patient, a finished product, to be bound as brought down without any change whatever. Thus the history becomes a document of legal value; and reliable, too, as an exact record of the case from day to day.

But the importance of having the business of the hospital thoroughly organized reaches far beyond the bounds of the hospital. Every doctor, nurse, employee and patient affected will be better equipped for their own business or professional affairs, because of the rules and regulations to which they are subjected.

I shall never forget the simple remark of a poor woman, for whom we had done little or nothing in a medical way. When leaving the hospital she said: "I shall be a different woman because of the regular life I have lived here, and the systematic, orderly arrangement of the work, as I have observed it." The business methods of an institution have a far-reaching influence.

The organization of the professional work of the hospital is another element in the successful combination. Here are difficulties of large proportions. The idealists would have one physician-in-chief, and one surgeon-in-chief, and all the others as associates or assistants. This scheme may work well when the chief is a man of such out-

standing pre-eminence as to hold undisputed his high position; when his associates are so far below him in the ranks that they would not think of disputing his authority.

But when a staff is composed of strong men of decided individuality, then the position of chief often is nothing more than an empty honor, or a constant irritant. Strong men will not with good grace accept dictation from one no stronger, though possibly older, than themselves.

And yet to all this there may be some striking exceptions. Possibly the college hospital needs this kind of an organization for the unification and supervision of the whole work; but, as a rule, the average surgeon is an independent personality, and will desire to remain such.

Then there is the question of opportunity for young men, and of efficiency for both young and old. It is very seldom one hears of the resignation of an attending physician or surgeon without feeling that there is some sort of trouble in the camp.

In a remarkable address delivered by Dr. Howard Kelly, of Baltimore, a few years ago in Brooklyn, he suggested that the cause of medicine and surgery would not suffer if the older men who were serving several hospitals should withdraw from some of them, or should cease their hospital work altogether, and give the younger men a chance.

Without waiting for the older men to develop this altruistic state of mind, and in order to properly encourage it, not a few hospitals have adopted an age limit for their physicians and surgeons.

And I think it is now quite noticeable that boards of trustees are beginning to take a more active interest in the selection of men. Of course there is some danger that the family physician, or personal friend, may receive too much consideration by this method; but the trustees will tell you that there is less danger than in the old way of making appointments, when a few men, perhaps one or two, controlled the matter.

In many places appointments have been of the legacy sort. An attending physician appoints a favorite as his assistant. He may or may not be the best available. Later, upon the death or resignation of his chief, the name of the assistant is presented to the trustees and strenuously urged because of his long service. It is perfectly clear that this policy has excluded applicants of a superior character who were not close to an inner circle.

It is quite conceivable that a sensible board of trustees, unbiased, unpledged, entirely free from prejudice, like a jury unfamiliar with technicalities but capable of understanding facts, might succeed in making better appointments than men of long-time professional relationships.

Within the past year the hospital of which I am superintendent has adopted a rule that "assistants to attending physicians and surgeons must be selected from those who serve in the dispensary of the hospital, except by special vote of the executive committee."

This rule is a distinct recognition of the services rendered by the dispensary men, whether they belong to our own alumni or that of some other hospital. It puts them in the line of promotion, and is a guarantee to all that ability and service, not pull, will count in appointments.

Then again, no one can read the hospital reports that come to his desk without observing the constant effort to improve the character of hospital work.

In the Massachusetts General Hospital in Boston a new method of organization is being tried out, which is exceedingly suggestive. The patients are being classified according to their diseases, and assigned to a physician or surgeon for the time being specializing in their particular difficulty.

For example: To one is assigned all cases, say, of heart disease in its various forms. To another rheumatic difficulties. To one surgeon all cases of hernia; to another all cases of appendicitis. Each physician or surgeon is assigned one hundred cases of the

particular disease he is treating, and when he has rounded out the allotted number, he is expected to make a written report. Then a different line of cases will be assigned him.

By this method it is thought that each man will become particularly expert in the handling of a particular disease, and thus the best results shall be secured. The tabulated results of a year or two will be awaited with much interest.

A few months ago our hospital adopted a plan which as yet is too new to furnish any data. The board of managers authorized the executive committee to expend a sum not to exceed one thousand dollars in any one year, in publishing papers or reports of our attending physicians and surgeons, either as individuals or in collaboration in the same department. Such papers, when written by individuals, to be based upon their treatment of fifty patients suffering from the disease considered. When the paper is the joint work of several men in the same department, one hundred patients must form the basis.

If the attendings become interested in this scheme, it will mean closer attention on the part of house staff, nurses and attendings; and last, and best of all, the patient will be the gainer.

Furthermore, it may be added here, a well-developed and highly efficient medical and surgical department will have an influence upon the work of other hospitals.

This very week the leading surgeons of Brooklyn meet at our hospital for an evening of discussion and review, as they meet from time to time in the different hospitals.

At the meetings of the medical and surgical societies all important cases are discussed, as also in the medical journals. Thus, every physician in the country and every patient of every physician is enriched by the work of any well-organized medical or surgical service. And that object every worthy institution must have in mind.

(To be continued)

Nursing for a Life Insurance Company

EMILY HARRISON BANCE

TWO years ago, when I accepted my present position, as district visiting nurse in Jersey City for a Life Insurance Company, I did not realize how much I had to learn about my own city—its vice, its tenements, its saloons, its government and its human wrecks of manhood, womanhood and pathetic helpless childhood.

In many cities there are well-organized nursing settlements, such as the Henry Street settlement in New York. In such cases the company gives its work directly to the settlement. In other places where no settlement exists, it is necessary to employ a nurse on a salary.

In Jersey City three nurses are employed and my district is the lower section of the city, which lies along the Hudson River and the bay.

Only people who are insured in the industrial department are entitled to the services of the visiting nurse, which are given gratuitously. No endowment policy holders can claim attention.

The insurance agent calls on the policy holder each week, to collect the five or ten cents weekly payment and, if he finds any one ill, he informs the nurse by placing a report slip on her desk next morning. She calls as soon as possible. Often the patient sends one of the company's post-cards directly to the nurse.

This is a very good plan, for many patients, who proudly object to the services of a city nurse, claim the insurance nurse as their right, thus keeping their self-respect and avoiding the appearance of pauperism.

Each morning before I begin my daily rounds I call at the office on Exchange Place, to see if there are any new calls for me. At this time I see the agents, who often have explanations to make about people I am visiting. Friendly co-operation with the

agents is of importance, and a great help to me.

At the office there is always a supply of pamphlets printed by the company for distribution. Several of these are of especial value in my work. One entitled "The Child" treats of domestic hygiene, pregnancy, birth, and the care of the child until the age of three. We also have many circulars on "Pure Milk," "The Fly," "Tuberculosis," etc., which are very interesting and instructive.

My district is quite a large one and each section has its own characteristics. For instance, my patients around Essex, Sussex and Morris Streets and along the Morris and Essex Canal are mostly all Poles and a few Russians. In this neighborhood are a number of factories—sugar, soap and others—the smoke and odors of which make the air heavy and foul. Unkempt children play along the canal and on the dirty streets, breathing in its foulness.

This is where I visited little Peter Kyrilla,



ANTONIO AS I FOUND HIM



ITALIAN MOTHERS

five years old, who was quite ill with bronchitis. Little Peter, his nine brothers and sisters, his father and mother, all lived happily together in three small rooms on one floor. I generally found several of the children on the fire-escape, where they slept on warm nights.

When I told Peter's mother to keep him on a milk diet she replied, in amazement, "Why, when he is sick all he ever takes is beer."

Another large section of the city lies around Brunswick Street and Railroad Avenue, comprising Little Italy. Here the Italian mothers carry their swaddled bambinos and sit along the streets, crocheting while the older children roll, half-clothed, on the sidewalks and in the gutter. However, the Italian mother always watches her children and generally knows where they are. They are a poetic, childlike people and I have many friends among them.

In this neighborhood I nursed little Antonio, who had double pneumonia. Little Antonio struggled through the crisis, while his mother, Michelina, religiously kept the windows wide open, much against her will, and I called daily to give him his alcohol bath. When he was finally out of dan-

ger I skipped a few days, and on my next visit found Antonio walking about in a bright green dress, and strung about his neck a dozen charms, which his mother had placed there to aid in his recovery.

Next comes the old Horseshoe District, of twelve blocks or more, where most of my patients are Irish-American, and where on every block flourish three or more saloons, not counting the corners. During the entire illness of one of my patients, who died, the father and uncle of the sick child were so intoxicated that they couldn't even speak. After the child's death the father gave up drinking long enough to attend the funeral, but had a relapse afterwards.

Most of my colored patients live in the Lafayette section, where the houses are not so condensed, and where a few trees brighten the general landscape. Lafayette also boasts one of our best city parks, which is always full of playing children.

When I make my first call on a patient I ask to see their policy and after obtaining the number, age, name and occupation of the patient, for the history which must be written up for each case, I then get to work. I find out if there is a doctor in attendance,



ANGELINA AND HER FRIENDS

and if not I explain the necessity of getting one. If the patient only suffers from some local trouble I send him to one of the free clinics for the eye, ear or skin, as the case may be. If the illness is very serious and the surroundings and circumstances not conducive to a good recovery, I use all my efforts, energy and persuasion to get him into a hospital. Sometimes there are no sheets in the house and many cannot afford a daily visit from a doctor. One of the strict rules of the company is that a nurse must not treat a patient, except in cases of emergency, unless a doctor has seen the case and given orders.

A number of my patients are tubercular. All of these I report to our free tuberculosis clinic, whose doctors and nurses have been instrumental in sending many of them out of the city to Laurel Hill Sanitarium, where they receive gratuitous treatment. Tuberculosis will never be stamped out until a law has been made and enforced making it compulsory to remove a tuberculous patient from a crowded tenement, where he may live for months, infecting all the inmates.

As it is an impossibility to call on all of the patients every day and, in many cases, quite unnecessary, I arrange my work systematically. Those who are in bed and very ill I visit daily. Sometimes there is quite a lot to be done, such as bathing the patient, changing the bedclothes and giving instructions to the family for twenty-four hours.

It is surprising how few people understand how to fill a hot-water bottle or adjust an ice-bag properly. The application of powder to the back to avoid a bed sore is something unheard of. Often I find the patient out of bed. Children with running ears and sore eyes and women with ulcerated legs come under this category. These I send to the free clinic for treatment and advice, and then call later to see that their instructions are properly carried out. Sometimes several visits to the hospital are necessary.



TWO POLISH BOYS WITH TYPHOID

My surgical dressing cases are generally those who have been discharged from the hospital wards to make room for new operatives, before the incision has healed, and these claim my attention.

Countless babies with shrunken limbs and gaunt faces, specimens of improper feeding, come to my notice, and these I send to the Whittier House Milk Clinic, for free milk, medical attention and advice.

As I write I can see the people of the tenements, the tired and worn-out mothers, the pinched faces and emaciated bodies of the babies. The little girls, scarcely out of babyhood, are playing unprotected on the sidewalks and around the saloons, absorbing filth of body and mind. These little children, born innocent and pure, yet many of them doomed to become the helpless victims of vice, cry out to the world in general for help—an appealing cry. We must listen to it and answer it, for that cry threatens society. These little specimens of humanity, growing up amidst disease, vice and sin, will in the future retaliate and contaminate all with whom they come in contact.

Let us heed the crying of the children before it is too late to help them.

Conservation—The Waste of Human Energy in Hospitals

MINNIE GOODNOW

EFFICIENCY is the watchword of the age, and we hospital people are awakening to the need of it in our business. We are beginning to see that we have been wasteful, of time, of strength, of money, in the very places where we thought we had been economical. Now we are looking about to see what can be done to improve, not so much our condition as our work.

Our Wastefulness of People.—As superintendents we have been wasting our own nerve force by maintaining conditions under which it was impossible to do work that was even half-way effective. We have spent ourselves in worry over things which a little more or a better-directed energy might have totally eliminated.

We have paid our servants for doing work which a machine could have done better and more cheaply. We have used more and costlier supplies than we should. We have compelled those under us to undertake many hours of useless labor, which sub-consciously they knew to be useless and which half-consciously they therefore resented.

Of our nurses, our most valuable asset, we have been most prodigal. We have taken their youth and strength and enthusiasm and used it up on work done in a manner unnecessarily hard and foolishly ineffective. Sometimes they have found this out and blamed us. More often they have sacrificed themselves unquestioningly and we have gone on permitting it.

Waste of Money.—Meantime, in these and in other ways, we have been wasting money. With trust funds which were given thoughtfully, sometimes prayerfully, we have been carelessly lavish, or, what amounts to the same thing in the end, penny-wise and pound-foolish. We have imag-

ined that we were too busy to think things out, and have wasted perfectly good brains in petty scheming, when a smaller amount of brains expended in the cause of efficiency would have solved many of our worst problems and helped others with theirs.

A Large Subject.—The subject is a tremendous one, and we may well leave its scientific side to abler pens. Yet we may with profit direct our thoughts to one or two phases of the subject, chiefly the work of our nurses and the way in which our buildings are responsible for inefficient work.

The Superintendent's Work.—In the average small or moderate sized hospital you may find the superintendent of the institution spending daytime or evening hours working over bookkeeping or reports which an ordinary clerk could get out of the way in one-half the time at one-half the salary. You may see her (since she is usually a woman) answering the telephone, directing visitors, putting away supplies, etc., using in petty ways many hours of time on work which could as well be done by a maid. At the same time she is neglecting to become acquainted with the influential people of the town, is shirking her opportunities for telling the public about the work of the hospital, is failing to plan for the future of the institution, is not keeping up with what other hospitals are doing, does not avail herself of the mental and spiritual culture which she needs to make her work count.

The Superintendent of Nurses.—It is all too common to find the superintendent of nurses or her assistant spending some hours per week in taking visitors through the building, or carrying messages for patients to and from the office; or she takes the

monthly inventory because she can do it more accurately than anyone else. You see her going to find a pupil nurse. You see her giving anesthetics. You see her do many things each day which should be done by doctor, office girl, maid, or pupil; while at the same time and for this very reason she is leaving undone work that is really hers, the planning of hours of work for her pupils, of better methods, the preparation for demonstrations and instruction, the careful and thorough teaching of her nurses, the supervisory work in a hundred directions which make for completeness of training and efficiency in work.

Other Nurses.—You will find the operating room nurse, a graduate on a salary, folding dressing which a probationer or maid could do as well, or dusting, or labeling supplies, while she is omitting the proper teaching of those under her the study of time-saving methods, the development of new facilities in her work.

You will find a senior nurse making beds or giving baths, while she complains that she has no time to show the juniors how to do these things. You will find the pupil nurses, who might be earning money for the hospital by specializing and at the same time getting valuable experience for themselves, doing cleaning which belongs to a maid.

General Waste.—It is in these same institutions that you find the maids using expensive materials because they have not been supplied with cheaper and equally efficient ones that you find extensive damage done for want of a slight repair at the proper time; that you find a nurse contracting typhoid from a patient because she was allowed to overwork and was left unvaccinated against it; that you will find nurses off duty with infected hands or broken down arches because no one had time to tell them of the dangers and symptoms of these things and how to avoid them.

Inefficiency.—Aside from over culpability

in using high-salaried labor for unskilled work, we are rather stupid about getting the most out of our employees in their simpler work. It would be rash perhaps to advocate applying modern factory methods to hospital maids, but we might help our nurses, who do a certain amount of work which is mechanical, to do it better and more quickly. We complain constantly of the shortage of nurses. Why not rather utilize to their fullest extent those we already have? Suppose we read one or two magazine articles or a few chapters in a book on motion study and efficiency, and try crudely to put some of their principles into practice. We take some of the nurses who are slow and we try to find out what is the matter with them. We discover that they have miles to travel and numberless unnecessary doors to open and close, of which more a little later; we find also that they have never learned just how long it should take to make a bed, nor how many moves are necessary to the process. We find them expending undue energy and tiring their patients by their laborious giving of baths, when the same principles which apply to bricklaying would help both of them. "But they ought to know!" Why ought they to know? Are nurses supposed to train themselves?

Motion Study Applied to Nursing.—Suppose you take a few hours from your worry time and teach your nurses *just how* to do their work. Institute a bed-making contest with other pupils as judges, and find out exactly how the rapid nurses manage to be rapid. Teach them the one turn of the patient and the twenty-seven strokes of the hand which will make a bed. Teach them *exactly* what is the quickest way to get ready for a surgical dressing and have them commit to memory the steps of the process. Get them interested in motion study and you will find them applying it with delight and doing more and better work than you dreamed they could. We have done these things in a few instances and crudely.

Let us widen their application and reap the benefit.

The Hospital Building.—When buildings are mentioned, we need not immediately conclude that we must tear down and build greater in order to get a proper arrangement. True, most hospitals build something every eight or ten years, remodel every four or five years, and rearrange every one or two years. Meantime, we can plan the rearrangement, see how it works out, and get ready for the happy time when we build new.

Correct Size of Units is a fundamental. A unit too small is an exasperation; one too large is a burden.

A ward or group of private rooms is too small when only one or two nurses can be kept busy in it. Such a unit is difficult to supervise either by day or by night, is hard to relieve, is not enough for one night nurse, is too little for one maid, and so on. A unit should be of a size which can be handled by one head nurse, one or two maids exactly (not a maid-and-a-half) and one, two or three night nurses. The number of day nurses required is the least important consideration. I have in mind a hospital which had on one floor the operating room and four private rooms, on another a two-bed ward, two private rooms and the administration department. Each of these nursing units was too little for a night nurse, too little for one nurse during dull hours of the day, too little for one maid, almost impossible to relieve, and unless all the beds were full not even enough for a day nurse. All sorts of expedients were constantly tried in order to get the patients in these rooms satisfactorily cared for, but the results were necessarily very poor, because the problem had no solution.

Entrances.—The number and location of the entrances to a hospital means a good deal toward its successful administration. One must be able to know at the office of the arrival of patients or doctors; to control

the coming and going of visitors; to know when supplies arrive and who receives them; to know when servants arrive and depart and to note the size of their bundles.

To illustrate: a certain hospital of 100 beds has but two outside doors, one opening directly upon the street, one into a locked yard. The former is entrance and exit for patients, visitors, doctors, nurses, servants, and it is easy to see that there is someone here at all times to know who and what enters or leaves. The other admits ambulance patients and supplies and being usually locked, can be controlled from the office.

For the opposite there is a hospital of 200 beds (presenting twice the problem), which has six entrances, only one of which is so situated that it can be supervised. This hospital frequently has children or irresponsible patients stray away, finds patients receiving undesirable visitors, finds linen and other supplies disappearing unaccountably, discovers that nurses, orderlies and internes let each other in at all hours of the night.

There should be, at the most, even in a large institution, three entrances from outside, one the main entrance, another for the ambulance, these two being in sight of the office, and a third entrance for supplies, which should be under the eye of the steward or whoever is responsible for checking them up.

Noise and Its Effect.—The subject of noise is closely connected with that of efficiency, and hospital noises occupy a large place in the mind of the patient and his friends. It has long been taught that excessive noise produces a very real nerve strain in normal persons; and we have all observed that noise, especially noise which seems unnecessary, annoys sick persons more than almost anything else. Since fretting aggravates illness and retards recovery, we should certainly remove from a hospital anything which tends to cause it. We should, in building or arranging, find

some way of getting the distinctly noisy processes away from the ears of the patient.

Kitchens.—The main kitchen and the laundry, both of which produce odor as well as noise, should be in a location quite unknown to the sick person. A separate building is of course the best, but the top of the building (for the kitchen) or the end of a wing will do very well, so that they are not directly over or under patients' rooms. The serving kitchens with their minor odors and their interminable dish-washing must be near the patients whom they are to serve, but may be in a separate corridor or behind two doors, with sound-proofed walls or a linen room between them and the sick people.

The utility rooms are in the same class, being odor and noise-producing places, where nurses come and go day and night and where water splashes and pans clash unceasingly. These must not annoy the patient, yet must be near enough to him to obviate the miles of travel to which Dr. Gilman Thompson and his pedometer have called our attention. Concentrate the various utilities, and centralize them, then put them into a separate corridor which is sound proof in one way or another.

Elevators and Stairways.—Did you ever hear a patient say: "O yes, my room was lovely, but it was just across from the elevator and it seemed to me that the door banged every two minutes and that the machinery was never still. Then I could hear everything from the floor below." Certainly we can do no less than close off elevator and stairs, so as to keep their sounds behind a partition, and this may be possible even in an old building. In a new one, there should surely be a separate hall for stairs and elevator, and no rooms for patients opposite it.

Operating Room.—The operating room is rather less objectionable than the kitchen, but patients do shrink from the sight of a stretcher and shudder at the moans of returning consciousness. The farthest end

of the topmost floor is the best place for the operating department unless one can place it in a separate building. Remember, however, that if patients are underneath, they will be disturbed by night operations. Good sound proofing or a rearrangement is the only remedy.

Children's Department.—This is always noisy, and while a child's shout of joy may be pleasant, its every moan of pain brings distress. The children demand a wing by themselves. This could be placed beneath the operating room, as the little people are not readily disturbed.

Obstetric Department.—The location of the maternity is always a puzzle, as the crying of young babies and the groans of women in labor are infinitely nerve racking. The least one can do is to place the delivery room and the nursery at the end of a wing and eliminate patients above and below them.

Boilers and Coal.—The heating plant with all its attendant noises, its putting in of coal and taking out of ashes, is frequently mislocated. Two hospitals are known where all coal goes in at the main entrance underneath the windows of private rooms, and where all ashes are taken out past the door of the main kitchen. While none of us would repeat such stupidity, let us see that we do not approach it, but get a detached or semi-detached building for this part of the hospital plant.

TO SUMMARIZE

Face the fact of your own negligence.

Spend your time in planning rather than in worrying.

Consider the pupil nurse and plan more in detail for her.

Try motion study as applied to nursing.

In planning the hospital building, get units of proper size.

Concentrate the entrances and reduce their number.

Separate the noise producing part of the building from the part which houses the sick.

(To be continued)

Clinical Studies with Nervous and Mental Patients

LUCY C. CATLIN, R.N.

VII. AFTER CARE WORK

MENTAL hygiene is a branch of science which has recently been advanced, because, in the modern study and treatment of mental diseases, specialists have come to realize how much of the disturbance is due to surroundings and environment, and how much can be done by a change in those conditions. The mental health of every one is subject to hygienic laws, just as truly as is the physical health. We do not expect to shut ourselves up and breathe impure air, poisoned by the waste products from our bodies without suffering ill effects. One who is ill or in poor condition to resist such abuse will suffer more acutely than one who is in full vigor. To the same extent we cannot put ourselves in a mental atmosphere that is vitiated with the toxic elements of mental disease without feeling the effects of it, more or less, according to our mental stability.

The child whose training consists of "don'ts," whose mental development and stability is curtailed by suggestions of fears of storm, darkness, dirt, crowds, etc., is the child who will grow up into a nervous girl, and possibly develop a well-defined case of hysteria as she passes on to womanhood. The training of a boy or girl from the day of advent should be to cultivate self-control, self-dependence, courage, strength, and all those qualities which will help the grown man or woman to meet the problems of life in a successful way. The mother who urges her boy to be a man and bear the hurt of a bumped head like a hero, and cuddles and sympathizes with her girl under like circumstances, is only paving the way to possible invalidism in later years; for over-sensitive

nerves, fears of many kinds, inability to adjust one's self to existing conditions, all result from just such training, and are the symptoms of disease.

Parents who display before their children violent fits of temper, who are unreasonable and inconsistent in their management, or those who buy their children's obedience and behavior with candy or promises, are laying the foundation for an unstable mind in their offspring which may not stand the beating of this world's storms without collapse.

The duty of a nurse is to educate people to the importance of self-control, self-reliance, and the cultivation of all those qualities which produce mental equilibrium. Most especially would we urge nurses to instruct parents in the proper training of children. A well-balanced mind will meet the vicissitudes of life, its sorrows, trials and adversities, without danger of mental breakdown. Then why should we not study the laws of mental hygiene, for our own sakes as well as for the help we can be to others.

Social service work is the application of these same laws in the handling of borderline cases, advising hospital care or physician's treatment, investigating home conditions and surroundings of patients ready for discharge from the hospital, following up the discharged patients, giving advice, encouragement and stimulus. Borderline cases may be very much benefited by such service. Patients may not recognize, nor their friends, either, that their worries, fears, peculiar actions, etc., are symptoms of mental disease, but when the nurse comes in contact with them, she sees that they are

just on the border of a breakdown, and unless they have the proper treatment, or the mental atmosphere is changed for them, their condition will grow worse and the State Hospital will soon claim them.

Let me cite a case. Mrs. F. came to the hospital for an examination of her foot, that was giving her some pain and discomfort. There was slight redness in one spot, but no swelling, no open sore, and never had been. This foot was the cause of a constant and growing worry to her, she imagined it was getting worse and she would be obliged to have it operated upon, possibly amputated. A Wasserman test was made which showed a slight positive reaction; the history of her married life pointed very suspiciously to her being infected by her husband, and the condition of her foot was probably of specific origin, but not in any way serious, the doctor advising against any operative procedure. Her worry was out of all proportion to the trouble; it doubled and redoubled and multiplied many times, until she was in such a mental state that she was unfit to do the work at home. Her daughter was obliged to remain from work, because of the mother's depression; the family were unable to lift her from the depths of it.

The social service nurse at the hospital where this patient was first examined and given systemic treatment, visited her, interviewed her when she came to the dispensary, cheered, encouraged, tried to convince her that she was imagining much, and that the condition was not a cause for worry, and endeavored to stimulate her to some activity so as to change the current of her thought. The nurse accompanied her to a mental clinic, where her mental condition was explained, and a good dose of psycho-therapy administered. The worries began to diminish, she took hold of work again, and in a few weeks was living a more normal life. Three or four months passed, and while her foot itself had not improved, she had learned not to worry over it, and a more happy,

grateful woman could not be found, for she realized that she had escaped a mental breakdown. There was a revolution not only in her, but in the home life as well.

Patients leaving the State Hospitals, either recovered or paroled, can be very much benefited by the follow-up or after-care work of the social service nurse. She visits the patient in the hospital, the home to which he goes, before and after his return, advising on all sides, preparing for his entrance into the home life again, and obtaining suitable employment if necessary. It is often the case that friends are loath to accept a patient from an insane hospital back into the home, thus placing a stigma upon him that he must carry for life. Such treatment tends sooner or later to result in a recurrence of the mental trouble, with less chance for recovery. The social worker, with her knowledge of mental hygiene, may be able to clear the atmosphere, change the surroundings, and help all concerned to adjust themselves to a normal, healthful life, and spare the sufferer from another term, perhaps for life, in a State Hospital.

Foreigners are often unjustly seized by officers or others and placed in a hospital, because their wild actions appear to be symptoms of mental disease. Investigation may show that a lack of ability to understand and speak the language and ignorance of the ways and customs in this country, combined with a natural excitability characteristic of certain races, has been the cause of their strange actions. The social service work necessary to adjust this condition is self-evident.

Lack of work, indulgence in alcoholic drinks, domestic disturbance, may be the cause of a temporary insanity, either threatened or complete. Friendly advice and assistance will lift the clouds and secure health and happiness for all concerned. A nurse should instruct such people that alcoholism and specific disease, resulting from a profligate life, bring not only mental disease

upon the offspring, but degeneracy and idiocy.

We have only touched upon this whole great subject of mental hygiene and social service, but would urge upon nurses their duty to inform themselves by careful study and do all in their power to educate people along the line of prevention. Literature

may be obtained from the National Committee for Mental Hygiene, 50 Union Square New York City, Clifford W. Beers, secretary. This field of progressive work has only recently been developed, but a few years hence facts and statistics will show wonderful results in the benefits to individuals, to families, the state and the nation.

The Human Side of Anesthesia

ANNE E. PERKINS, M.D.

SOMETIMES I think it would be well if every physician and nurse could take an anesthetic as a part of their education. Then they would realize better what it means to many patients. After all, it requires courage to give yourself up to unconsciousness and to the surgeon. The laity do not know the statistics as to what a small percentage die from an anesthetic. No one really can vouch for the safe outcome. It is a serious thing; one takes his life in his hand, or leaves it in the hands of the anesthetist and surgeon.

Perhaps some very serious operation is contemplated, and the patient may be facing it with a horror and dread that we can never know unless we or ours are in a similar position.

I have had patients tell me afterwards that they were in perfect terror and apprehension, though they did not show much more than a nervous dread. Others cry and beg not to have the operation or to have their people come, or their own family doctor; they want some one of their own near.

Tranquility and confidence of the patient are important and some good anesthetists

will not go ahead until they have secured these in a measure.

When physicians and sometimes nurses stand chatting so lightly and laughing, waiting for the patient to go under the anesthetic, they do not always stop to consider the feelings of the patient or the possibility of his hearing something detrimental to his safety and peace of mind. Long after she cannot speak she may hear some one say the heart was so bad chloroform could not be given, or tell of some serious case he has just had, and the last thing heard makes a profound, ineffaceable impression.

I know from experience that gentleness, sympathy, kindness and reassurance help inexpressibly to calm and soothe the patient. A firm pressure of the hand and an occasional word to let the patient know some one is there, and that she is all right, mean so much.

Some have a fear that the surgeon will begin before they are unconscious, and struggle as long as they are able, to let him know the time has not come.

Perhaps you cannot imagine the horror of coming out of an anesthetic enough to see the surgeon and recognize the paraphernalia

of surgical instruments, etc., and yet be unable to speak. This sometimes happens to patients in being wheeled through the hall to the surgery. I am sure we should all treat patients more as individuals and less as cases if we knew their feelings while waiting for the anesthetic.

Some hospitals put tactless, new nurses in the recovery room to watch patients. Since one unpleasant personal experience I have always earnestly advocated putting the best nurses there. In the first place, it should be evident that it requires an intelligent, skilled nurse to watch for hemorrhage, note pulse, color, vomiting and keep patient from undue restlessness.

Long before the patient can talk sense, there is some idea of surroundings and a definite impression of what is being said. I have known of cases where the nurse was harsh and spoke very sharply to the patient for crying and throwing herself about. I have seen nurses sit with a book, paying little attention to their helpless charges, while the patients were vomiting over their hair and down their necks, retaining an odor of

vomitous that added to their discomfort for hours.

I have heard nurses discuss before the patient supposed to be still unconscious, the operation and some emergency that arose, or say how poor the pulse then was.

Don't tell the patient later what she said, if it were something humiliating, intensely personal, or very silly. It can do no good and may be a source of worry to a sensitive patient. Don't tell other nurses or patients about it, for a helpless person must be protected from herself. A good rule is to try to put *ourselves* or *our own* in the place of the patient and do as we should want others to do.

If a patient is writhing and tossing restlessly in distress and nausea, coming back to an agony of pain, perhaps to the loss of some organ, or after an amputation, how *can* a nurse speak savagely or impatiently?

The fearful thirst, the nasty taste of ether in a parched mouth, nausea and vomiting, pain, the intolerable backache and wretchedness—let us deal with them more sympathetically and gently.

Fear, facing the New Year,
Thinketh, "What shall it bring?"
And is dumb:
Dreading the hidden ways.

Faith, looking upward, saith,
"Good is in everything—
Let it come:
God ordereth the days."

This is our New Year's bliss—
He is mine and I am His.
All the days,
All the ways,
Lead us home;
Let us pray. Let us praise.

—MARK GUY PEARSE.

The Private Nurse's Trials and Their Compensations

ANNETTE FISKE, A.M.

LEAVING external circumstances aside, there are trials that come from the individuality of the members of the family, where the nurse is on duty. Naturally there is a great variety of these, and one cannot catalogue them all. They do not differ from the rubs one meets with elsewhere in life, as one brushes elbows with his fellow men, except that they are intensified by the unusually close contact and the inability to skirt around or avoid them. The nurse is right in the family for the time being, a part of it, and if she remains for any length of time she cannot but run up against all the peculiarities of all the members before she is through. She simply needs to exercise greater forbearance and charity than most and to remember that the trials arising from such an intimate relationship to others diminish or increase in size according as they are met and regarded. If only you can catch a glimpse of the other person's point of view, and make allowance for what appear to you foolish notions—we are all pretty foolish at times and have our little pet foibles—you can usually laugh away the disagreeable, or at any rate bear it philosophically and forget it when it is past. It does not do to emphasize the faults and shortcomings of those with whom we are thrown. How should we fare if others treated us after this fashion? But poorly, I am thinking. We need the charity of our neighbors, even as they need ours. No person is all bad and in the vast majority the good qualities are far in excess of the bad ones. We need to look for and cultivate the good ones, for we can cultivate them. Thus, if a person greets you surlily and you answer in kind, seeing only the surliness, there can be nothing but friction between you two

thereafter, unless one or the other turns over a new leaf; but if you ignore the surliness, are cordial and pleasant, the other person is almost certain to thaw, and the surliness will soon disappear. If a family seem to be thoughtless in what they demand of the nurse, her compliance to the best of her ability and her ready effort to assist is more likely than not to bring them to a realization of what they are doing, and to lead to their making fewer demands, whereas the refusal to do anything but the most necessary services repels people and makes them feel inclined to ask more. Such little things, too, carry weight. I was calling on the family of a former patient once. He had been irritable but he was very sick, and the family were most kind and appreciative. I had had to leave the case before it was finished, and they spoke of my successor and how the patient did not like her, though she was a good nurse. Why? Because he asked for a drink in the night, after she was settled down to sleep, and she would not get it for him! At least, that was the incident they gave as illustration. One of the daughters heard him and got up and brought him a drink. Probably the nurse argued that he was fussy and should not have asked for a drink in the night, when she had been busy all day—she was tried that he did so. But he probably thought she was there to wait on him, and that if he was thirsty it was rather hard to have to go for hours without the drink he could not get for himself. Was he not perhaps the more tried of the two?

It is many years now since I was called to help another nurse on a pneumonia case in a factory city. The family consisted of the mother, the patient and her son and daugh-

ter, who occupied the second story of a house and took their meals out. Downstairs lived an old lady, her daughter and her granddaughter. The son had given up his room to the other nurse and gone elsewhere, and another son had been summoned from Chicago, for the patient was very ill. After two days she died. The burial was to be at a distance and the family wanted one of the nurses to stay on with the old lady of the house, as she would be alone daytimes and had been kind to them. They asked me to stay, and as the other nurse was tired and anxious to get off, I stayed. I have always thought a request of the daughter's one of the most peculiar I ever had made of me. She went to sleep with an aunt after her mother's death, leaving me alone on the floor with the dead body, and before she went she asked me if I would mind going in to see that all was right if I woke up in the night. I knew it would set her mind at rest if I agreed, and that there was no reason why I should not accede to her request, so I consented. It was a bit uncanny to get up at one o'clock in the morning and walk into the death chamber with a candle, to see that everything was all right, but I did it and went back to sleep with a clear conscience. On one other occasion I had a similar duty to perform, spending three days alone in an apartment with the body of a patient. I had been with her some months and, as she lived alone, I stayed until the body was removed to the house of relatives on the day of the funeral. This kind of service is expected of nurses and should be rendered freely, though it has its trying side. One cannot afford to be superstitious under such circumstances, of course, but goodwill and philosophy will make the task easy, though not agreeable.

A case that made a great impression on my mind was that of a young married woman, who died of rupture in tubal pregnancy. I don't know that I ever felt sorer for a family than I did for hers, and in-

deed she was a beautiful young woman and seemed to have everything to live for. Her family and husband all idolized her and were broken-hearted at her death. I went there to help another nurse. The family were ready to do anything and everything, but that very anxiety made it hard, as you could not move without some member of the family asking if she was worse. Not for a moment were you left alone with the patient, or if you were alone in the room, some one was in the hall just outside, and a head popped in every few moments to inquire if anything was wanted. Every one tiptoed about the house and talked in whispers, even in the kitchen downstairs, with several doors closed between, until it got on your nerves, and you felt like saying something decided. Quiet explanations did no good. The family felt as if they could not speak aloud, lest they disturb her. But who could help feeling the great love that moved them in their grief and respecting it? It was trying, but how much worse it would have been had they been heedless of her suffering. Their one thought was for the patient, as, indeed, the nurse's was, too, and if they were a little mistaken in their methods of showing it, one could not object so long as no harm was done the patient, and she, poor child, was in a stupor most of the time. When love and thoughtfulness are present, one can excuse anything.

There is seldom difficulty in carrying out the doctor's orders, but I recall one patient who objected so strongly to the carrying out of the doctor's orders in regard to diet, at a time when diet was a critical consideration, that her husband said they would change doctors if necessary, but his wife must have what she wanted. I could not give it to her with the orders I had, and I told the husband that he took the responsibility if he did so himself—which he did. Fortunately—one is tempted to say unfortunately—no ill consequences ensued, but the patient's attitude was not agreeable afterwards, and

I was glad when her condition warranted my discharge. As a rule, however, it is the selfish and inconsiderate man or woman who is really trying; the man, stung by pain it may be, who frets and scolds all about him, without a thought for their labor and discomfort or a thanks for services done; the woman who keeps you running day and night and considers you well repaid by the money you get. And yet frequently, where the patient is fretful and inconsiderate, demanding attention all the time and reluctant to give the nurse even necessary rest, the family having had a taste of the same treatment and, realizing her predicament, are ready to help her out, in which case their sympathy and help compensate for the hardships. Perhaps the patient, though frequently disagreeable, is intelligent and has an interesting personality, or she may be highly uninteresting, but kindly and well-meaning.

The family may make peculiar demands and ask services that do not seem quite to come within your province, but I believe you will always find that if you do your best for the patient and try to be considerate and obliging to the family, all will go smoothly and you will soon be on a

friendly footing with all the household. If one is bound to be good-natured and kind and to see nothing out-of-the-way, it takes a very crabbed nature, indeed, not to soften under the influence and meet the effort to please half way. Yet sometimes you do for a patient all you can and because you cannot comply with some whim, she wishes she had some one with her who had a little sympathy. Sometimes, in nervous cases, complying with all the patient's whims is the worst service you can do her. In other cases what pleases her and is, perhaps, harmless so far as she is concerned, is bad for other members of the family. You must balance the advantages and disadvantages and act accordingly, and it may well be that a sense of doing right is all you get out of it besides your money. One patient who tells you that no money can pay you for what you have done for him must recompense you for those who are ungrateful. As a friend said to me in relation to a rather trying case, in which the patient showed no appreciation, we should not look for appreciation. We ought to do our duty to the best of our ability without any idea of receiving appreciation and what appreciation we get is then pure gain.

Die and depart, Old Year, old sorrow!

Welcome O morning air of health and strength:

O glad New Year, bring us new hope tomorrow,

With blossom, leaf, and fruitage, bright at length.

CELIA THAXTER in *Atlantic Monthly*.

The Nursing of Children

ZULA PASLEY

CHAPTER VII

NURSING IN ABNORMAL OR DISEASED CONDITIONS

THE opinion that the nurse is a kind of substitute doctor is common, and the nurse should do all she can to abolish this idea. If she will impress upon the laity that she does not diagnose or prescribe she will save much trouble for herself, her patient and the physician. No well-trained nurse desires more than her own responsibility in a case, and it is seldom that a nurse is called on to take the initiative in the care of a patient, even though that patient is only a baby. The next articles will, therefore, deal with the knowledge a nurse needs to care for a sick baby intelligently, the nursing treatment of the various diseases and special things which she may do in an emergency.

Prevention—An ounce of prevention is better than a pound of cure in nursing, as in other things. A nurse or mother may sometimes prevent an attack of sickness by prompt and intelligent treatment of alarming symptoms. As a rule, the health of the baby may be maintained by *proper feeding, attention to the bowels and plenty of fresh air*. At least one good bowel movement each day must be secured and that by the simplest possible means—by diet for a steady thing, by enema when needed, by laxative or cathartic rarely. The trial for a daily evacuation of the bowels should be made at a definite time. The child must be supplied with well-cooked, simple food at proper intervals. Proper food is as important as regularity in feeding. Great variety in food is not a thing to be desired for children. There are many articles of diet which are not to be even thought of in connection with little children. Fresh air means out-of-door

air, winter and summer, and the most of every day, unless the elements forbid. The child may be put in a sheltered nook. The condition of a child who is nervous and a poor sleeper will improve wonderfully under the fresh air treatment.

It is wise to regard the *tendency to disease* as an abnormal condition. One of the newer ideas in connection with the care of children is to combat the tendency. Dr. Pritchard, of London, has written an article on "The Heat Regulating Mechanisms of Childhood" which is illuminating. His favorite subjects are children with a tendency toward tuberculosis, rickets or malnutrition. He believes in varied thermal stimulation. The first treatments are mild and the child is gradually led from a mild to a stronger stimulation. This is effected by means of air and water. As soon as the child's digestion is established and he is gaining weight, he may be taken out of doors properly protected. The first bath he considers should be at 100°. His treatment, as a rule, begins about the fourth or fifth week of life. The temperature of the baby's bath is to be lowered 1° every day, or every other day, according to the individual case. If the child shows a dislike for the cooler bath a higher temperature is resumed. Some of the babies do not enjoy a temperature lower than 80°. Many of his subjects take a bath of from 60 to 70° before they are five months old. As a rule these babies are distinguished for their clear complexion, health and vigor.

Causes of Disease—A large proportion of the diseases of infants is due to digestive difficulties. Most of these disturbances

may be corrected if the proper attention is given at the proper time. If neglected, death is the most common result, and here a point lost sight of by the laity is that lives are saved through intelligent care and not through drugs. A nurse should learn that while medicine may carry a child through an acute condition, it is almost useless in the continued treatment. The important things are trained watching of symptoms and correct care, and the common causes of diseases are: Impure water, careless feeding and over-feeding, improper clothing, unhealthy surroundings, lack of cleanliness in the preparation of food, and lack of judgment in its selection.

Points in Nursing—Methodical and exact noting of symptoms are the first essentials in the nursing of sick infants. This is the basis of all diagnosis and treatment, and it is at this point that the value of the trained nurse's work is shown. The physician may form wrong conclusions from inaccurate or incomplete reports, and his patient suffers accordingly. *Accuracy in the carrying out of orders* is the second essential. It is this dependability which constitutes the chief difference between the trained and the untrained nurse. Every nurse who undertakes the care of a child should realize this and know that while her experience may be helpful to her, exactness and keen observation is even more important.

Holt's schedule of what to observe is most useful to the nurse, since it points out the chief factors in the case. It is as follows:

Weight—Note gain or loss.

Stools—Character and frequency.

Vomiting or regurgitation—When and how much.

Flatulency or Colic.

Appetite—Is the food given enough or too much?

Is the child comfortable and good-tempered?

Amount of sleep.

Weight—A normal child should have firm flesh and muscles which are capable of ener-

getic action. It is possible for a child to gain in weight and not be in good condition, but it is impossible for a child to steadily lose and not be in a serious condition. The child's weight is an important item, and during sickness should be noted daily, if possible. He should be weighed without clothing at the same time each day, preferably just before nursing. A graphic picture is given if a weight chart, similar to a temperature chart, is kept.

Stools—The bowel movements are an important factor in determining the condition. A record should be made of the number in twenty-four hours, and the color, consistency and amount noted. It must be remembered the color may change after it has stood for some time; oxidization may occur and what was in color a normal movement may be in twelve hours a green color. The average bowel movement should be taken as a standard for the twenty-four hours, as the movements may vary in the course of the day.

A normal stool for a young baby is a mass of bright yellow particles of the consistency of soft cottage cheese; the odor is characteristic but not offensive. It should be noted if there is pain and straining with the passage; if there be green movements or streaks of green; if there be fermentation or froth. Brown or brownish yellow stools are abnormal, as are also white or clay-colored stools. There are the green and white stools and in some cases there is tenacious mucus. A colorless, nearly odorless, fluid movement may occur. An offensive odor is always abnormal. Neither a liquid nor a formed stool is normal. A serious condition may be indicated by hard masses or blood. The presence of large curds should be reported, but small curds may be regarded as normal. A normal stool does not cause chafing or irritation.

Vomiting or Regurgitation—Regurgitation is the process of throwing a part of the food from an overloaded stomach. It is a wise

provision of nature. Vomiting proper is accompanied by nausea and as a rule occurs some time after the nursing period; the vomited matter will be sour, with, perhaps, curds, and indicates a serious condition.

Regurgitation may also be caused by too rapid feeding, handling after food is given, hiccough, tight clothing, etc.; attention should be paid to all these points. When it occurs the character of the material should be noted; there may be large or small curds or fluid with no curds. The amount, whether part or all of the food taken, should be observed. The time, whether immediately after nursing or an hour later, should be noticed. The general appearance of the child is significant; if he be pale or blue about the mouth, or have a cold perspiration about the head.

If all known causes for regurgitation be removed and it still continues after breast feeding, try giving about a half ounce of water a few minutes before nursing. If there seems to be some definite trouble with the digestion, a physician should be consulted.

Colic—The symptoms of flatulency or colic are as follows: Distention of the abdomen, rumbling or gurgling in the intestines, escape of flatus from the abdomen or mouth, a sudden sharp cry, accompanied by kicking or drawing up of legs. A continuous persistent cry is seldom due to a colic.

So-called colic may be caused by the formation of uric acid crystals in the bladder. An abundance of water will relieve the condition. Intestinal colic may or may not be a serious symptom. With some babies there is no bad after effect. With others, colic may accompany malnutrition of the worst sort. It is due to a variety of causes: The feeding may be too hasty; the child may become chilled or cold; there may be some indiscretion in the mother's diet; the child may be overfed; there may be either too much proteid or too much starch in his food; the mother may be overworked, tired or worried.

When a nurse has decided colic is present she may try the simpler remedies to relieve it. A bottle of quite warm water by mouth, or turning the baby on his face on a warm water bag may be tried. Rubbing the child's abdomen gently with the hand lubricated with warm oil may prove effective. An enema of soapy water, or better, of milk of asafetida (a teaspoonful to an ounce of water) is almost invariably effective. Whiskey, brandy, paregoric, gin or teas should never be given. One or two drops of essence of peppermint, or five or ten drops of milk of asafetida may be given in warm water by mouth. If the condition persists a physician should be consulted.

Appetite—One may learn much of a baby's condition by his appetite or lack of it. A nurse should note the difference between mere sleepiness and lack of appetite; a child may form the habit of sleeping at the breast and later cry from hunger, which is mistaken for colic. Before each feeding the child may be thoroughly awakened (even if it be necessary to bathe his face in cold water) until he forms the habit of waking at the proper time. Always take the time to feed a bottle baby. The practice of leaving a baby alone with his bottle is wrong, and may result in serious injury to the child. Proper feeding at the proper time should not be neglected, even if other work is not accomplished. The best proof that an infant is fed the proper amount of food is that he gains steadily each week and does not habitually regurgitate his food.

As a rule, the amount of food should be in proportion to the child's weight; for example, a child that weighs ten pounds will require more food than a child of the same age who weighs six pounds. The appetite will be influenced by the infant's individual characteristics. If it is ascertained that the child is really not hungry at the proper times, the fact should be reported to the physician, that he may take steps to improve the condition.

A child may have a ravenous appetite and not be nourished by the food taken. This is especially true in marasmus cases. The physician may prescribe less food, or more dilute food, and the nurse must explain the reason for this to the mother. The amount of food needed is the subject of considerable discussion among physicians. Systematic overfeeding is advocated by Rotch and Holt, two of the best authorities in the country. Less frequent feeding and smaller amounts of food is advocated by well-known physicians abroad as well as by such prominent men at home, as Winters, of New York, and Brennehan, of Chicago. These latter claim that every four hours is often enough to give food in the beginning weeks, and that in a few months three meals a day are sufficient for any child. They tell us the amount of fat and proteid usually given should be reduced and alkalies and carbohydrates increased.

A series of observations on these points by a nurse might be of interest and value.

Comfort and Temper—From the date of birth a baby shows his disposition and the observing nurse soon knows his characteristics. These should be taken into consideration. One should note whether the sick baby is good-tempered and seems comfortable, or if he is fretful and disturbed. Remember, also, that a child may be listless from weakness and poor condition, and a quiet baby may be too sick to cry. Two

things often not noted, position in bed and clothing, are so closely allied with temper that no one but a trained nurse is competent to judge of them.

Sleep—The amount of sleep of a young baby should be noted. A very young infant sleeps practically all the time, only waking to be fed, bathed and for an occasional vigorous cry. Even in his second year he should sleep fourteen to sixteen hours a day. Disturbed sleep may be caused by indigestion, or may be due to nervousness, from handling, rocking, to lack of fresh air, to cold or dampness. It may also be a symptom of actual illness. The important thing is not to treat the symptom, but to find and remove the cause of disturbed sleep.

Miscellaneous Notes—The nurse should note the skin as to color, moisture, and whether it is cold and clammy or hot and dry. The respiration, whether it is quiet and regular, noisy, or in any way peculiar. If there is any discharge from eyes, nose and ears, the color and condition of the gums, palate, tonsils and pharynx are important. Also the appearance of the tongue.

All these things are commonplace, but are none the less important. The physician looks to the nurse for his ablest assistance, and her work is vital. Faithfulness is of paramount importance in the care of young infants. Vigilance and accuracy here save lives which were otherwise lost to the mother and the world.

Don't waste time and energy and sleep over imaginary complaints. Learn to pick out the essential ones, satisfy them at all cost and go on. The inessential ones will take care of themselves.

Department of Public Welfare

The Attitude of the Professional to the Non-Professional Nurse *

MARY BEARD

Director, Instructive District Nursing Association, Boston.

IT IS evident that reliable nurses whose rates of payment come within the means of the persons with limited incomes are very much needed in our communities—both city and country.

It is also true that in almost every community there are women who are giving nursing service for a moderate payment who are more or less satisfactory in the families where they work. Some of these women have had a partial training in a school for nursing connected with a hospital. Some have had no technical education, but have learned much from the actual care of sick people in their homes. Some are well principled and conscientious, thorough and kind. Some have none of these virtues. All are dependent upon their earnings, even as graduates of recognized schools are dependent upon theirs. What ought to be the attitude of a professional nurse toward these non-professional nurses, or, to use a less confusing term, attendants?

Here is the need; here is also the means to fill the need.

I believe that these attendants should be employed to nurse in families where an attendant is required. Whether this family has a large or a small income, the needs of the patient should be the determining factor in each case.

In order to safeguard this graded nursing, I think there should be a very well-educated professional nurse at the head of each nurs-

ing center. It should be her function to decide upon the kind of nurse proper to care for each patient who applies.

To support her decisions there should be an advisory committee of doctor and nurses. This head nurse should have a standard for the attendants she employs, a definite outline of the knowledge they must possess. No attendant sent out from this center should be allowed to work without supervision of a graduate nurse to whom she will understand she is responsible.

Safeguarded and supervised in this way, I believe that professional nurses should not only tolerate the attendant, but should encourage and welcome her. Hers should not be its present anomalous position in the community, but should be raised to a dignified and respected one. This raising of the attendant's standards and standing can be done only by professional nurses, and I believe it is our duty to undertake it.



PENNSYLVANIA—In her report of the year's work of the Pure Milk Society, of Harrisburg, Pa., Mrs. M. B. Kunkle Fox states as follows:

"We have found the best way to reach the mothers and in so doing educate them in the proper way of caring for their babies. Miss Price, a trained nurse, worked for the society during the summer, starting the first of June with a house to house visitation to see what conditions were. Expectant mothers were instructed in sanitary matters, as

*Five minute address at Massachusetts State Conference of Charities and Corrections.

well as in the care of the child after its arrival, and modifying of milk was taught.

"The Visiting Nurse Association offered their house as a milk station for the society, and the babies brought there were examined by Dr. Shepler and Dr. Coover. Under their care fifty-seven babies were put on formulas. One thousand, four hundred and forty-one visits were made to homes by the trained nurse. Nearly all of the mothers were able to buy the milk from the Bonnymead Farm; those unable to buy it were furnished it free.

"There was no mortality among the milk station babies during the summer. This shows how necessary it is, that the welfare work for children shall continue throughout the year instead of just a few months.

"Four dollars' worth of tickets for ice were distributed by our nurse. However, many of the mothers were able to buy their own.

"It was most essential that racks for sterilizing the milk should be had for the mothers, so the society bought fourteen dollars' worth and nearly all of them have since been bought by the mothers.

"The society provided the nursing bottles, nipples and bottle brushes to the ones who were not able to buy their own.

"We are most grateful for the many articles that the Visiting Nurse Association gave to our nurse in cases where clothing was needed.

"In the very needy cases now our work is being followed up by the Visiting Nurse Association, and let us strive and pray that some day we will be able to have a nurse exclusively our own, doing just such work for the entire year."



INDIANA—In speaking before the twenty-second annual session of the Indiana State Conference of Charities and Correction, Miss Kissel, head nurse of the Children's Aid Association of Indianapolis, said:

"The purpose of the Children's Aid Association is to reduce infant mortality and to increase the health and vitality of the surviving children. The effect of educational work by the nurse along this line appears to be very fruitful. As she goes into the home and community she is given the opportunity of learning the relations of the environment to the welfare of the family. Her responsibility should be more than giving direct personal instructions and demonstrations to the mothers, but should arouse public interest as to conditions existing which are detrimental to good motherhood.

"Here I may say that the need for such educational work is not limited to the very poor, for I know that you would be surprised at the astonishing questions asked the nurse in many well-to-do homes, and the nurse as an authority has many splendid chances to correct wrong ideas and habits. Her education should be liberal enough, however, to insure her ability to teach the truth and to support her instructions with reasons whenever necessary."



IOWA—Miss Jessie M. Keyes, who for almost four years has held the position of district nurse for Dubuque, has tendered her resignation to the Visiting Nurse Association, the same to become effective at once. Miss Keyes's resignation is due to failing health.

Miss Keyes is Dubuque's first visiting nurse. She came almost four years ago, and organized the work which she so successfully carried on. Her departure from Dubuque is a source of deep regret, regret intensified by the fact that Miss Keyes's health has been undermined through her self-sacrificing devotion to her work.

Besides her duties as district nurse Miss Keyes has aided in numerous other projects, all of which will suffer as a consequence of her departure.

A Happy New Year

KATHERINE COOKE

ON THE lower side of a great city lived Lizzie O'Connell and her grandmother. Lizzie's parents were dead, and since that time life had been very hard for her. They were poor enough then, but now matters grew worse every day. There was hardly enough food in the house, and Lizzie could not sell enough papers to supply their daily needs. The grandmother was feeble and needed nourishment, and though Lizzie ran errands for a nearby groceryman, his wants were few, and there were many days when she earned nothing.

It was near Christmas time, and Lizzie had gone a little farther uptown in the hope of selling more papers in that locality. The wind was cold, she was thinly clad, and she shivered as she stood on the corner, patiently offering her papers to the passers-by.

Two district nurses came along, chatting happily. One of them, noticing Lizzie, stopped, saying, "Let's buy that little girl's papers and take them up to the hospital. She looks as though she needed the money. Poor little thing!" "A good idea, May," said the other, "but your generous heart will run away with you some day." "Well, it won't matter if it does," and suiting the action to the word, she approached Lizzie, while her friend stood by, smiling. "You're cold, aren't you, little girl?" said she. "Let me take your papers, and you run home and get warm," and handing Lizzie a dollar bill, she turned to go. Lizzie's eyes grew big with wonder. "Oh, come back," she cried. "Is this for me, *all* of it?" "Why yes, child," said May, putting her arms around the now sobbing child. "It's so cold at home, and now I can get some wood and grandmother will be warm," said Lizzie, still clinging to May. "A good case for the Mission," said May to her friend in an undertone. And, turning to Lizzie, she

said, "Tomorrow morning you come up to the big white house on Murray Street, and we will have something nice for you. Don't forget." "No, ma'am," said Lizzie, smiling, and claspng the dollar bill, ran on.

The next morning Lizzie appeared promptly at the appointed place. May opened the door and took her to a warmer and cosier room than she had ever seen. Alice came in, and Lizzie found herself wrapped in a warm sweater and drinking some hot cocoa. The girls asked her all about her home, and she shyly told them her story. "Now," said May, "how would you like to have nice warm clothes, a fire at home and plenty of food for your grandmother?" Lizzie's eyes grew big with astonishment, and she was speechless. So May and Alice told her all about the Mission near by, and that if she was willing to work she could be provided with the things that meant so much for her comfort. They engaged all her papers for a nearby hospital, and sent her away happier than she had ever been.

* * *

Christmas Day looked upon a very different scene in Lizzie's home from that at the beginning of our story. There was a good fire in the stove and plenty of food in the closet, and Lizzie worked at the Mission. But her grandmother was ill. Yet Lizzie had great confidence in her new-found friends, the two district nurses who came regularly to see the sick woman, and Lizzie's devotion to them was intense.

On this particular day May said she would stay with the grandmother while Alice took Lizzie to the Mission service. Lizzie had never been to church, and was much interested in all that was going on. She watched the people come in, all of them poor like herself, but when the music began

and the choir boys marched in, her delight knew no bounds, and she listened and watched as she never had before. What was that which they were singing:

While shepherds watched their flocks by night,
All seated on the ground,
The angel of the Lord came down
And glory shone around.

Lizzie pulled Alice's sleeve and whispered: "What does it mean?" Alice patted her shoulder reassuringly.

"Fear not," said he, for mighty dread
Had filled their troubled mind.
"Glad tidings of great joy I bring
To you and all mankind."

Tears were now rolling down Lizzie's cheeks and Alice took her closer to her.

Thus spake the seraph, and forthwith
Appeared a shining throng
Of angels praising God, who thus
Addressed their joyful song:
All glory be to God on high
And to the earth be peace;
Goodwill henceforth from heaven to men
Begin and never cease.

The service over, they went back home, and strains of the carols made Lizzie's heart very happy as she sped about her work.

* * *

The morning after Christmas found Lizzie hurrying with her papers to the hospital. As she stopped by the crossing, she saw her friend May on the opposite side of the street. May waved to her and started to cross. Suddenly there was a great commotion and clatter. Lizzie saw a horse plunging wildly toward her, and directly in its path her friend May, all unconscious of her danger in her anxiety to get across the street. Lizzie dropped her papers, rushed

in front of the frantic animal, grasped his bridle and hung on with all her might with both hands. She felt herself swung and shaken until she was dizzy, and then she knew no more.

When she came to herself, she was on the sofa in May's room, and May was bending over her. "You dear child," said she, clasping the girl in her arms, "do you know that you saved my life? You might have been crushed," and May shuddered at the thought. "I didn't care," said Lizzie, "so long as you didn't get hit."

Just then the door opened and Alice entered. She looked much surprised at seeing the two, and soon May told her all. "It was fortunate that it happened so, in a way," said Alice, "for her grandmother is dead. I have just come from there, and hoped to meet Lizzie." And going over to the child, she told her the news as gently as she could. Lizzie clung to her, sobbing. Both girls did their best to comfort her, and soon she fell asleep, weary from crying.

* * *

It was New Year's Day. In the Home for District Nurses the table was spread with good things and the girls were having a general jollification. "Where's Lizzie?" said one. "I'll find her," said another. "Our party would never be complete without her. She's the nicest little maid we ever had in the Home." "Hurrah for Lizzie!" said another. "We'll give her the best New Year she ever had." Some of the nurses then came in, carrying Lizzie on their shoulders. They seated her at the head of the table, and for the first time in her life her New Year's dinner was a thing long to be remembered, and the prospect for the New Year, as well as for future years, was a very happy one.

Gleanings from Medical Literature

The Inunction Treatment of Measles

Dr. D. I. Connolly in the *London Practitioner* outlines as follows the Milne method of dealing with measles and also gives his own modifications of that method as follows:

"For the first four days in a scarlet fever case—and presumably also in a measles case—commencing at the earliest possible moment, I have pure eucalyptus oil gently rubbed in all over the body, morning and evening, from the crown of the head to the soles of the feet. Afterwards this is repeated once a day until the tenth day of the disease. . . . The tonsils, however, I always swab with one-tenth carbolic oil every two hours for the first twenty-four hours. Only on rare occasions have I found it necessary to swab the tonsils for a longer period than twenty-four hours, and never when commenced early. My method is to make a firm mop of cotton-wool on the end of a pair of forceps, thoroughly soak the wool in the carbolic oil, and then swab the tonsils and the pharynx as far up and down as possible. It is advisable, however, to use a tongue depressor and depress the tongue as far as possible. . . . The mop used should be rather larger than the last joint of the patient's thumb. The wool should thoroughly cover the end of the forceps (or lead pencil), while a fresh swab is used on every application."

In Connolly's cases, the Milne method, just described, is followed in the main, with, however, some modifications. As soon as the child is received into the special ward assigned to measles, a hot bath is given. Then follows a thorough application of the eucalyptus oil to the whole of the body, with

the exception of the hands and the part of the face round about the nose, mouth and eyes. The mouth is irrigated twice daily with weak alum lotion, and glycerine and borax are applied to the interior of the mouth and to the gums. The throat (tonsils and fauces) is treated with carbolic oil (one-tenth) morning and evening, in a similar manner to that described by Dr. Milne. Every day for the following four days the child is blanket-bathed morning and evening and again rubbed all over with eucalyptus oil, the throat and mouth having the same treatment as on admission.

It will thus be seen that a more determined attack is made upon the mouth and throat. In most of the cases, it was found that the gums were very red and more or less swollen, and often quite definite ulceration was present on the inner side of the cheeks and lips, much larger and whiter than Koplik's spots. Further, it was believed that by attacking the mouth and throat one was striking at one of the chief strongholds of the virus. Connolly is of the opinion that the moist spray and particles, coughed out by the patient, are highly infectious to a susceptible person. In those cases in which broncho-pneumonia is already established, the statement holds true to a greater degree.

As regards the thorough rubbing in of the eucalyptus oil, some local effect would, doubtless, be produced, but the main idea was to get the vapor inhaled into the air passages. If the virus were dwelling in the skin or the subcutaneous tissues, it seems reasonable to suppose, too, that direct conflict would take place between the eucalyptus absorbed and such virus as might be

present. The face area was omitted, because of the irritation caused to the eyes by the vapor, and it was not thought necessary to apply the oil to the hands.



Vomiting in Infancy

In the *Boston Medical and Surgical Journal*, Chapin and other authorities are quoted as emphasizing the point that atrophic infants as a rule are fed too often and, as a result, fermenting food is left in the stomach to contaminate succeeding feedings, and gradually a dilated stomach results, with further loss of muscle tone. Vomiting in breast-fed infants is probably due almost always to a high fat percentage, usually caused by a lack of exercise and overfeeding on the part of the mother. The remedy naturally lies in regulating the mother's daily life, and, if necessary, diluting the milk. In bottle-fed babies the causes are more numerous. In the first place, a large number of persistent vomiting cases are the result of too strong a formula at the time of weaning. There are certain cases of marasmus and atrophy in which the lack of muscle tonus is often fostered by the continued use of too dilute a formula. Too high a percentage of fat may also be a definite cause of persistent vomiting.



The Feeding of Premature Babies

In the *American Journal of Diseases of Children* (December, 1912), J. C. Litzenberg reports regarding the feeding of premature infants from birth on four-hour intervals. His results show that premature babies may be successfully nourished with long interval feedings and with a minimum of digestive troubles. By this method the amount of care that the babies require is greatly reduced and for that reason, since they require less handling, they make better progress. The relatively large amount of nour-

ishment required at each feeding can be taken without trouble, the weight increases as rapidly as by the other methods, the intervals of sleep are longer. He believes that four hours is the best interval for feeding premature infants.



Treatment of Erysipelas

Dr. Aspinwall Judd, of New York (*Med. Record*), recommends the use of strong carbolic acid painted on the surface in cases of erysipelas until the surface is whitened, and then followed by swabbing with alcohol. The treatment must go a half inch beyond the border of the eruption to destroy all the germs. The unbearable itching, burning, and throbbing are relieved at once, fever soon falls, and general symptoms are relieved.



Diphtheria in Institutions

H. M. Adler states that a patient suffering with indefinite catatonic symptoms should be carefully examined for physical disease, even if the usual signs of acute disease, such as fever, pain, etc., are lacking. A diphtheria bacillus may be causing active disturbance without local manifestations. A true diphtheria bacillus may be introduced into the wards of an institution for the insane and spread without causing clinical diphtheria among the patients. The diphtheria bacillus under these conditions maintains its virulence and is capable of causing clinical diphtheria. The diphtheria bacillus does not as a rule cause typical clinical diphtheria in insane patients. The attendants are liable to infection with true diphtheria, and often present the clinical picture of diphtheria, although none of the patients in their charge are characteristically ill with the disease. Diphtheria antitoxin should be freely used, even in the absence of clinical diphtheria.—*Boston Medical and Surgical Journal*,

Editorially Speaking

A Nurse's Prayer

More than ten years ago THE TRAINED NURSE AND HOSPITAL REVIEW published a bit of verse, "In Thy Service." It was sent to us at that time by Miss Mary Smith, of Philadelphia. Recently a request has come to us from one who was a subscriber at that time, and who is still an interested reader of the magazine to re-publish the poem. She states that for years she used it as a morning prayer for her nurses. Before they left the breakfast table a verse of a hymn was sung—the hymn:

Lord, for tomorrow and its needs
I do not pray;
Keep me, my God, from stain of sin,
Just for today.

This hymn was a special favorite of the nurses. Then they repeated together the prayer contained in

IN THY SERVICE

Oh Lord, my God, this work I undertake,
Alone in Thy great name and for Thy sake.
In ministering to suffering I would learn
The sympathy that in Thy heart did burn
For those who on life's weary way,
Unto diseases divers are a prey.
Take, then, mine eyes and teach them to perceive
The ablest way each poor one to relieve.
Guide Thou mine hands, that e'en their touch
may prove
The gentleness and aptness born of love;
Bless Thou my feet and while they softly tread,
May faces smile on many a sufferer's bed;
Sanctify my lips and guide my tongue,
Give me a word in season for each one;
Clothe me with patient strength all tasks to bear;
Crown me with hope and love which knows no
fear;
And faith that coming face to face with death,
Shall e'en inspire with joy the dying breath.
All through the arduous day my actions guide,
And mid the lonely night watch by my side;

So shall I wake refreshed with strength to pray,
Work in me, through me, with me, Lord, this day.



The Most Successful Nurse

Did you ever try to define that little word success, which we sometimes apply to life in so many ways? If you were asked to name several really successful nurses whom you know personally, what standards of success would you use?

There died not long ago, after a short illness, a nurse whose name, perhaps, would not appear as a successful nurse if our lists of successes were made up hastily. Her friends had not thought of her as being specially successful till after she had gone. She was earning, when stricken by her last illness, only sixty-five dollars monthly, as head nurse in a hospital of fifty beds in a small city. She had never held a county or State office in a nursing organization. Her name was rarely ever seen in print. She was neither a writer nor a speaker. She had done private nursing several years after graduation, and had then gone back to the hospital in which she had trained, as night supervisor, and later had become supervising nurse. She had never shone conspicuously in any particular way; just one of the faithful, plodding kind, whom the world rarely appreciates at anything like their true value. But after it was known that she would not recover, one after another of the patients whom she had nursed years before came to tell of how she had helped them through their time of severe trial. She had done so many things—little things—which other nurses had not thought was in their province.

One woman came to tell how this nurse

had so gently told her that her husband must die, and had held her in her arms and comforted her when the first awful realization of impending loss came to her. Others came telling how she had written such beautiful, hopeful, comforting letters to distant friends when they were in the valley of the shadow, and it was feared they would die. Boys whom she had nursed, now grown to young manhood, came to inquire about her condition, and told of how she had helped them to determine to lead clean lives. Nurses came and told how in their probation period, when they were so discouraged, that they were on the point of giving up, she had given them fresh courage to go on, and how she had helped them over so many of the hard places in their training days. She was very strict, they said, but was just, and they always felt that she had their real good at heart. Doctors told of her rare devotion to their patients and the little kindnesses she had shown them personally in so many ways.

After we had heard the story of her beautiful life, lived quietly and unostentatiously in the little city in which she had trained, we wondered if our standards of success might not need some readjustment—wondered if, after all, this woman did not represent the most successful kind of nurse the world knows. We offer this story of a beautiful life as an inspiration to all nurses for the NEW YEAR. ✕

An Important Decision

An important decision in nursing legislation has recently been handed down by Attorney-General W. L. Moose, of Arkansas. The question involved was brought before the Attorney General by Mrs. F. W. Aydlett, president of the board of nurse examiners, as the result of a recent attempt of nurses trained in correspondence schools to obtain registry licenses.

The opinion of the attorney general, in part, follows:

"Section 16 of the Act of 1913 provides

that all persons desiring to practice professional nursing in this State shall make application to the board in the manner provided for in this Act.

"Section 17 provides that 'before any person except those specifically excepted herein shall be given a certificate or license to practice professional nursing in this State, such persons shall be required to undergo an examination to be given by said board touching applicant's qualifications as a graduate nurse,' and then sets forth the subjects on which applicants shall be examined.

"Section 19 enacts that all graduate nurses engaged in nursing at the time the law was passed, or who have been engaged within five years prior thereto, who are of good moral character, and have been graduated from a training school connected with a hospital or sanatorium giving two years' general training course, may be registered without examination. I find nothing in the act that expressly limits applicants for license to those who have graduated from a training school. On the other hand, it is plain that the act contemplates that all persons desiring to practice professional nursing may be examined; and the legislature left no doubt on this point when it provided that the regular graduate nurses might be licensed without the examination. If the graduate nurse may be registered without examination, for whom is the examination provided unless it be for those who are not graduates? Of course, no one would ever be examined if she could be registered by exhibiting her diploma from a training school. It seems clear to me, therefore, that you would not be authorized to refuse an examination to any person who may apply, and who otherwise meets the requirements of the statute."

This decision, if not reversed, may be far-reaching in its effect, and may have an important bearing on other nursing legislation.

Nurses and Labor Laws

The action to test the validity of the eight-hour labor law for nurses in California is still in progress. Those bringing the action brand the law as class legislation and unconstitutional. The outcome of the case will be awaited with great interest. As the action is against the labor interests, and as California is one of the great strongholds of labor, it would not surprise us if the hospitals lost. In the meantime the readers of THE TRAINED NURSE AND HOSPITAL REVIEW are using its columns to express opinions, for and against. While we have published several letters in favor of the law, the consensus of opinion is against it. We have, as is our policy, given an absolutely impartial hearing to both sides.

The idea of labor control in hospital training schools is a very repugnant one to us, but in making this statement we also want to make it very clear that we must not be understood as favoring or upholding such conditions as are represented in the letters published in October and January numbers. If such conditions exist they are too shocking for words, and should be remedied without delay, but we have faith to believe that this can be done by some other means than by labor control.

One of our objections to labor control may possibly be called a sentimental one, yet we believe it is one in which we will have the support and sympathy of the majority of graduate nurses, namely, the sweeping away of nursing as a profession and putting it on a trade basis. In a letter to Miss Jamme, of California, which was afterwards published, in a contemporary nursing journal, Miss Adelaide Nutting says: "If the philanthropists and others through the country are unwilling or unable to secure proper conditions of work for their pupils and other workers, among which I include young hospital internes, *it is my opinion it is time for labor to step in and control the matter. I see no real loss of dignity in so doing, yet I know*

you all feel that in some way the dignity of our profession will be impaired and the status of nursing lowered, and I wish it were possible to secure righteous conditions for our workers in other ways."*

"This opinion," remarks our contemporary, "so frankly expressed by the head of a department of one of the highest teaching institutions of our country, should go far to calm the fears and soothe the would-be pride in the so-called ethical and professional status assumed by some hospital heads at the expense of the welfare and health of the workers." But let no one lay this "flattering unction to her soul," for we believe both Miss Nutting and our esteemed contemporary are wrong; if we put our hospital training schools under labor control, it will not be a question of impairing the dignity of the profession, but the absolute doing away of nursing as a profession. Let no nurse deceive herself into thinking that she can be a trade-union apprentice during training and then blossom out as a professional woman after graduation. Only one who has gone through the pioneer years of trained nursing, as has the editor of this magazine, can appreciate what it has cost to secure recognition for nursing as a profession. In those pioneer years we had to meet and combat not only opposition but even ridicule, whichever way we turned. It was an uphill fight every step of the way, and remembering the work, we are loath to see the results of our efforts swept away.

Again we see a very grave danger in the entrance of labor laws into nursing and hospital affairs, for when once the wedge is entered who can tell how far it will go. The demand may be for eight hours this year, but who can guarantee that it will not be six hours next year, and something else the year after? We surely have a bright and shining example in New York of what can happen under nursing laws, even when not controlled by labor.

*The italics are ours.

In all the discussions on nurses and nursing, we hear a great deal more about the nurse than we do about the patient. There seems to be danger of forgetting the real reason for which trained nursing was established—namely, to provide proper care for the sick and injured. Florence Nightingale put her heart and soul into the establishment of training schools for nurses, so that the horrors she had witnessed in the Crimea should never be repeated, and not with the object of producing a new and pleasant employment for young women. We have heard very often that the very essence of trained nursing is service, and true service carries with it the idea of *sacrifice*.

Dr. Antonio D. Young, in his admirable paper, "The Nurse's Duty to Herself," published in our November number, says: "The element of sacrifice is always present in true service. The service that costs no pang, no sacrifice, is without virtue, and usually without value." Is it not possible that much of the dissatisfaction in our training schools for nurses comes because young women go into the work from wrong motives, and because of an improper conception of the work. One of the complaints registered against our nurse schools is that they do not fit the nurse for private nursing. If our present system does not fit nurses for service in the home, what is to be the result when nurses are trained to quit work at the stroke of the clock. We commend to all nurses the series of articles now running in THE TRAINED NURSE AND HOSPITAL REVIEW by Miss Annette Fiske, entitled, "The Private Nurse's Trials and Their Compensations." We would call special attention to the article in the December number, and ask whether it will be possible for the nurse trained under labor union regulations to successfully meet the conditions in homes as described in Miss Fiske's experiences.

We would again emphasize the fact that if the nurses in our training schools are not

working under proper conditions, we want those conditions righted as speedily as possible; but we want them righted in the right way.

We give an abstract of another letter on the same subject and published in the same journal. The letter is from Miss Lavinia Dock, who says: "I think nurses should stand together solidly and resist the dictation of the medical profession in this as in all other things. Many M.D.'s have a purely commercial spirit toward nurses (have private hospitals of their own, etc.) and would readily overwork them.

"If necessary, do not hesitate to make alliance with the labor vote, for organized labor has quite as much of an 'ideal' as the M.D.'s have, if not more."

Truly, we are making nursing history fast in the United States.

✱

Learning to Enjoy Life

Would you really enjoy life—you busy, ambitious nurse or hospital worker. Then "*Count your blessings*." Just take a pencil and pad the next off-duty hour, when you are tempted to feel blue and begin to put down on the paper the blessings you have. *Begin*—you will not be able to finish the list, for it is too long—but begin to enumerate your blessings.

"It is wanting too much, not having too little, that often makes us miserable." As Dr. Van Dyke has said: "For the most part our distress, our poverty, our carking care come, not from the smallness of our provisions, but from the largeness of our pampered desires." "A thousand dollars looks very small to the man who wants ten thousand, yet there is real provision for many needs in the thousand. We can never get the full enjoyment from what we have until we turn our attention heartily to it and away from what we have not."

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Problem of Noise

Unless it is the problem of waste, there is no other hospital problem more baffling in its persistence than the control of noise—internal noise. Continuous noise of passing vehicles usually ceases to disturb patients after a few days in the hospital. City authorities have manifested a willingness to cooperate with the hospital authorities in abolishing intermittent noises from shouting hucksters, street musicians, auto horns and similar disturbances in the vicinity of the hospitals. In many cities "zones of quiet" have been planned with warning signs. But after all these external causes of noise have been abolished or controlled there still remains the (in many hospitals) unsolved problem of internal noise for every superintendent and other executive to struggle with.

"The care was good, but the place was so noisy that we simply couldn't stand it. We had to bring her home," was the comment made recently by one who had had a personal experience in a large, well-known hospital—one in which "silence" signs in the entrance corridor are prominent, and intended to at once subdue any noisy visitor who might be tempted to be in any way boisterous. Indeed, "silence" signs are conspicuously posted here and there all through the building. But their admonition seems to be "more honored in the breach than in the observance."

In most hospitals there are constructive defects which make it hard to control noise. In the newer hospitals the question of how to secure the quietness so much to be desired in hospitals, has been given serious consideration. In most institutions, however, conditions are far from ideal, but this makes it all the more necessary that constant efforts be made to render the conditions as nearly ideal as possible. The main element in the problem of noise is, of course, the human element, and this fact renders it a perennial problem. When we have overcome constructive and mechanical causes of noise, we may expect them to stay overcome for a while; but not so the human factor in the noise problem. The human

factor is a changing one. The solution of the problem lies largely in training, hence is continuous.

Have we regarded it as a problem which we were expected to solve, or have we weakly submitted to what seemed to be the inevitable and given up effort to control it?

Of all causes of noise the human voice presents the greatest difficulty. If it is to be brought under control it will be through diligent continuous training. It can never be accomplished by "silence" signs, nor prohibitions in regard to noise, though these, especially to the newcomer, may serve a useful purpose as reminders.

Inasmuch as most of the preventable noise in hospitals comes from sheer thoughtlessness, training directed to making people, especially nurses, think about noise is one of the chief points in successful dealing with the question. This is probably more easily accomplished in a small hospital than a large one, but, like ethics, the training ought to begin with probation days and end only with graduation. If a class of junior nurses were asked to observe and present a written report of noise occurring on a given day, how much of it might have been prevented and how to prevent it, the exercise would be of quite as much importance in a nursing education as many other things of much more frequent emphasis.

More important than precept is the matter of example, in regard to noise. If the superintendent or head nurse is careless in regard to noise, and thinks it of no special importance, it cannot be wondered at if pupil nurses and interne do the same.

Of all prolific sources of noise the nurse's desk in the corridor is one of the hardest to control. Some talking is necessary in order to give and get orders and instructions, but too often the desk is the center of laughter and corridor gossip, legitimate enough, perhaps, but none the less disturbing to nervous, pain-racked invalids who have come to the hospital seeking rest. The easiest and best way to control noise from this source is to move the nurse's desk out of the corridor if a

possible room can be secured for it. The establishing of a nurse's office with the essentials for diets, medicines and treatments concentrated in close proximity and the desk at hand for recording is one of the improvements in recently built hospitals that has contributed in no small degree to the lessening of noise and the comfort of patients.



The Patient's Point of View

The average patient who has had a hospital experience is apt, once it is over, to let bygones be bygones. He probably, or *she*, probably, does considerable talking in private regarding the treatment accorded him at the hospital, and his experiences in general, but it is seldom that a patient recovered and gone from the hospital, and with the experience far enough behind to take a judicious and unprejudiced view of the situation, takes the trouble to relate his experience in such a way that future patients in the same hospital and in other hospitals may benefit by the correction of the things which caused him needless physical or mental pain or discomfort. Quite recently in our reading we came across the hospital experiences of two patients—widely separated as to distance. The experiences of the one occurred in Great Britain, of the other on the Pacific Coast, yet it is interesting to note that, in both cases, the main cause of complaint was—NOISE—the absence of quiet, that quiet for which most really sick people long, which they need and which they have a right to expect. In one the noise was mainly due to the cobble-stone paving over which ceaseless traffic passed, to the torture of the pain-racked patient, in a front room with the window open, but there was much internal noise which was wholly avoidable.

In the other the noise came from a great variety of causes: The holding of class recitations for nurses in a room adjoining the patient's room; the passing of autos, the prattle of visitors in a room close by, the "incessant footfall" of nurses and people in general, the groans of newly operated patients, and the discomfort of hearing her case talked over outside the room.

One patient states that he rang his bell for over an hour without getting any response. He comments on the utter lack of interest in and the "mysterious aloofness" which was manifested by all connected with the hospital—until he had been operated on, when his case "became interesting."

Another comments on the fact that the food served was good in quality, but invariably served cold, or lukewarm, and that almost every day

either the napkin or the salt and pepper were missing from the tray when the meal was served.

There were various other points which were noted as causes of discomfort to patients which might be avoided. It is because the points noted here are so deplorably common in American hospitals that special attention is called to them.

One patient closes his recital of experience as follows: "I would suggest two important reforms in our institutional world. First, that every patient, on or after leaving, should be cordially invited to relate any grievances he may have to the governing body, in the certainty that they will be examined and, if possible, redressed. Secondly, that the authorities of hospitals should be everlastingly impressed with the vital importance of letting no opportunity pass of satisfying themselves that externally and internally the utmost quiet is secured, at whatever cost."

The other patient, among other suggestions for improving conditions in hospitals, makes a plea for a mechanical contrivance which might be attached to the bedpost, on which the tray might rest, making it possible for the patient to swing the tray in front of him or push it away as soon as he is through with it, thus facilitating the serving of food and contributing to the comfort of the patient. Since such attachments are now made for operating tables, it seems feasible for such an attachment to be adjusted to a bed.



From China

[Over a year ago Miss Connelly, of Des Moines, Iowa, went to China to engage in hospital and dispensary work as a missionary. She has found time to send a short account of her experiences, and though her letter is a personal letter, we know that she will forgive us if we share some parts of it with our readers. Miss Connelly is a graduate of the Iowa Methodist Hospital, Des Moines.]

TAIKUSHIEN, SHANSI, CHINA,

October 8, 1913.

MY DEAR MISS AIKENS:

I have been writing you nearly every day since I left America, but somehow the letter did not get down on paper with ink. I have been through most everything, even fire and war, since I left home. . . . This summer I took my vacation at Kuling; Central China's mountain resort. We had firing near enough to see smoke and hear the shots, almost too near for comfort. While I was gone we had such heavy rains that some 150 miles of the railroad were washed out, and I had to come in by litter, staying at Chinese inns on



BRINGING PATIENTS TO THE HOSPITAL

the way. You cannot imagine anything worse. Mules, donkeys, sheep, camels, chickens, rats, mosquitoes and bedbugs were all inclined either to enter your room or camp almost on the doorstep. The men talk most all night, so you can imagine how much sleep there is to be had in such places.

We have a nurses' association in China. Held our meeting at Kuling. When the reports are out I'll send you a copy. Only graduate nurses are admitted, and they discuss the problems of training schools for China, and general nursing affairs here. Things are so different here, it's hard to know just how to begin, and we are all glad to hear anything that has come through experience in China.

I'll send you a picture of a corner of our Oak Park wing, showing the kongs or beds the Chinese sleep on. They won't use springs, and always bring their own bedding and roll it up at the foot in the daytime. The Chinese must be deathly sick before they will lie down contentedly, like the sick we have been accustomed to.

This ward is used for women. They expectorate high and low, so we keep a cuspidor in all rooms, hoping they may aim and hit occasionally, but they often hit wide of the mark. Each kong has two drawers, where patients keep their clothing. Most of them are filthy and don't like water in any form.

I seem to be having a hard time with the language. There have been some of the missionaries sick a good part of the time, and I have spent more time in nursing than in studying. I like the climate here. We are high and near

mountains which are beautiful. We have delicious fruit and good gardens and beautiful flowers. Of course these are raised by irrigation, as our dry season usually lasts from October to June. Dust knee deep, then rain comes and mud, deeper than knee deep, but the air is delightful. Our hospital is still in process of construction, and we are hoping it may be so far along that we can use it this winter.



An Opportunity in China

A woman physician is needed for the Presbyterian Hospital and Dispensary at Tsinanfu, North China—a city of 100,000, the capital of Shantung Province, three hundred miles south of Peking. Railway lines connect Tsinanfu with Peking, Tientsin, Tsingtau and Weihien. The province of Shantung contains more than 38,000,000 people—more than the combined population of Maine, New Jersey, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York and Pennsylvania. The medical college of Shantung University is located at Tsinanfu. There are two hospital buildings—one for men and one for women—which minister to 9,000 patients annually. A woman physician to direct the work of the Boyd Hospital for Women.

Readers are requested to mention this need to any friend who might be interested. Salary, traveling expenses, living quarters, etc., are provided. Correspondence should be addressed to Wilbert B. Smith, 600 Lexington Avenue, New York City.



OAK PARK WING, SHOWING THE KONGS OR BEDS

The Work Cure

We have grown rather accustomed to the idea of "rest cures" and the need for rest cures has by no means been outgrown. The work cure is, however, a good deal of a novelty. To the workers in general hospitals from which patients are sent home in from ten days to two weeks on an average, the work cure may seem a good deal like a fad. To the worker in a hospital for chronic diseases or a sanitarium, or to the social service worker in the out-patient department which deals with a variety of handicapped patients in different stages of discouragement or invalidism, the work cure, once understood, is no fad.

Nowhere is the work cure being developed more scientifically than at Marblehead, Mass., under the supervision and general direction of Dr. Herbert J. Hall at the private sanitarium known as Devereux* Mansion. In an attractive booklet the plans and principles of the work cure as carried on at Devereux Mansion are described as follows:

"Work cure is a new and adaptable form of rest cure. There is no rest so perfect as that made possible by carefully managed work under favorable conditions. The mind needs work and the body needs it for the maintenance of health and happiness. But in nervous exhaustion or in convalescence it is very difficult to obtain the kind of occupation that means development and progress without overdoing. The work cure was begun in Marblehead in 1904, with the appreciation that occupation for invalids might have large possibilities. This plan has been so successful in its field that a fine estate, that of Dev-

ereux Mansion, has been acquired and made ready for wider developments.

"The radical change which is taking place in the treatment of nervous exhaustion and allied conditions, makes it increasingly evident that change of air or simple diversion may no longer be reasonably prescribed as a routine treatment for the weakness and disability of these cases.

"The work cure, as it is used at Devereux Mansion, does not mean a day of uncongenial toil. It has come to mean an experience of rest, reasonably broken by increasing periods of work and play, until the limit is reached and the efficiency of the patient is increased to the highest possible point.

"In the development of this plan a series of workshops has been established where professional worker and amateur are busied side by side in such crafts as hand weaving, leather and metal working and wood carving. The work is not primarily a pastime, but a definite reconstructive measure capable of restoring confidence and strength in suitable cases, in a surprisingly prompt and effective way. Such occupation is, to be sure, a very wholesome diversion, but the patients actually serve as apprentices to skilled workers, and under their close supervision produce articles of real use and value, so that they soon catch the spirit of true craftsmanship and feel the beneficial effect of an entirely new experience. There is never any hurrying or forcing of the patient. Progress along occupational lines is gradual and consistent. Not infrequently the nervously exhausted patient or the convalescent can work at first but a few minutes at a time.

For these cases the treatment in the beginning must of course be the usual rest cure; very slowly and carefully modified by work. At Devereux Mansion the comfort of the house and the splendid quality of the air from the neighboring sea make the conditions for rest as perfect as they are for work.

"It has been demonstrated that an adequate knowledge of some craft, such as hand weaving or metal working, can be of great service in life as a balance to the more exciting and stimulating pursuits. A large proportion of the pupils in the shops have continued their work in some modified way after leaving Marblehead, because they have come to care for the work and to recognize its value."

Attractive exhibits of the work done by patients at Devereux Mansion formed a part of the exhibits at both the Detroit and Boston conventions of the Hospital Association.



Open or Closed Hospitals

In Syracuse, N. Y., two hospitals have closed their operating rooms to all members of the medical profession, excepting recognized surgeons. It is contended by those who have been strong advocates of this step that there has been manifest on the part of the physicians a desire to operate on the slightest excuse, and it is said that to check this tendency restrictions will be placed on the use of the operating rooms.

In Springfield, Mass., the doors of the Wesson Memorial Hospital on October 1 were opened to patients from any physician—this after three years of the "closed hospital" policy. Truly the best form of management in medical matters seems hard to find.

In discussing the question of the open versus the closed hospital, Miss Hart, of St. Barnabas Hospital, Minneapolis, with her usual directness of speech, asked a question which many others have thought of asking and which is hard to answer. She said:

"In a closed hospital there are four or five men to please, and sometimes it is a little hard to please four or five. In an open hospital there are forty-five or fifty-five, as the case may be, and it is a little harder to please the forty-five or the fifty-five. At the same time, I never quite could understand why any hospital, especially a hospital not operating for profit, not endowed, not receiving any government or city aid, why that hospital should operate for five or six men. Why these five or six men should, at no cost to themselves, ask any hospital to open a workshop

for them where they could, as Mr. Olson says, in a morning make anywhere from \$500 to \$1,000, go away, leaving us the patient to care for and the burden of the financial expense."



Notes and News

Sea View Hospital, on Grymes Hill, Richmond Borough, New York City, with accommodations for 1,000 tuberculosis patients, has been formally opened.

The hospital has been in course of erection during the last three years, and, when entirely finished it will have cost the city about \$3,500,000. The eight buildings are on a high hill in the open country.

Sea View Hospital arises as a new type of institution, having the main features of both the hospital and sanitarium.

Five thousand persons attended the dedication of the new hospital of the Montefiore Home, on November 30.

Much interest was displayed by men and women in the innovations in the new structure, which is visible from a great distance. The kitchen of the hospital is large enough for a big hotel. Two hundred and fifty employees work in the home, besides the corps of nurses and physicians. There is a special pavilion for housing the employees, play rooms for children and libraries and resting rooms for patients who are convalescent. All of the corridors are wide and the wards are spacious, with fine offices and rooms, especially in the administration building. There are two chapels and one synagogue in the group of buildings.

The new \$20,000 obstetrical building at the Hart Hospital, 95 Moreland Street, Roxbury, Mass., has been opened. It is three stories high, and on the first floor are one ward, a private room and several baths. On the second floor there are five private rooms, doctors' lounging room, the confinement room, surgeon's room and an infants' room. On this floor there are two piazzas for patients, a roof garden and the infants' sun room, which is a piazza inclosed in glass. Upon the third floor there are closets, a dormitory and two private rooms.

Miss Bertha C. Hart, the superintendent of the hospital, has a suite adjoining the obstetrics department on the Perrin Street side of the building. The rooms and wards have been arranged so that as much sunlight as possible will shine into the rooms.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Ideal Nurse

To the Editor of The Trained Nurse:

We often hear it said, "She is a born nurse." In a sense this statement is true. For although training is necessary, all the training schools in the world will not make a good nurse of one entirely unfitted for the profession. The ideal nurse is a woman of refinement, is tactful, prudent, loyal, patient, gentle, cheerful, sympathetic and courageous. These are the attributes that made Florence Nightingale famous, and the founder of what is known today as professional nursing.

Although a collegiate education may not be necessary, a good common school or academic training will fit her to go in and out alike among the rich or poor, the educated or the illiterate, and to grasp with greater ease the intricacies of a professional training.

Some one has said, "that tact is a gift." This is a truth, and to succeed in the art of nursing we must possess it, whether we already have it in our make-up or acquire it through cultivation. A sick person is very unlike a well person. With a diseased body we frequently find perverted mental energy. This is an opportunity for the tactful nurse to measure up to her position. She must be prudent and loyal. Loyal to the physician, and loyal to the sick. She should feel in honor bound to keep silent and not exercise any personal opinion that would in any wise disturb the confidence of either physician or patient. We should remember that we are acting under orders from the physicians, who have sufficient confidence in our ability to engage us to carry out their instructions. If we attempt to overstep these limitations we are usurping rights that do not belong to us. We should confine ourselves, therefore, to the real profession of nursing. Patience is a necessary element. No nurse can attain success without it. She should cultivate a low, soft voice, that ever speaks words of cheer and comfort to the sick one to whom she ministers. And if restored in health, the memory of such a nurse will ever be enshrined in the thoughts of the grateful patient.

A nurse should possess much courage, willing to offer up her life, if need be, upon the altar of a stricken community.

While it may be impossible for each of us to achieve the greatness of Florence Nightingale, this great and good woman might be an example and an inspiration worthy our emulation. If in years to come we rise to positions of distinction in our honored profession, we may feel fully repaid that the seed sown has brought us an abundant harvest.

Somewhere in this wide, wide world
There is a duty for each nurse to do.
And a reward will be given to one and all
Who ever prove faithful and true.

FLORENCE M. JOSLIN, R.N.



Monopoly of the Term Nurse

To the Editor of The Trained Nurse:

The communication sent you by "A State Association Nurse," published in the December number, is just what one would expect from a member of an association favoring unjust legislation. The letter shows, however, that the writer really is aware of such self-evident facts as that there are capable women with a natural aptitude for nursing in the ranks of the untrained nurses, and that there are unfit nurses in the ranks of the trained nurses. She is even willing that we should compare the capable trained nurse with the capable untrained nurse, and decide for ourselves which would give the more satisfactory service.

I take it for granted that she refers to women of the same personality. In view of her last question, it is interesting to note that the writer herself refers to the attendant throughout as "the domestic nurse," "this nurse," etc. Surely we all recognize and sympathize with the temptation to do this, for it is only an admission of the right of the untrained nurse to her share in the common term "nurse." "Would she (the untrained nurse) not," we are asked, "care for the sick just as conscientiously, just as tenderly

and well, under the title of 'attendant' as though she were called domestic or some specified kind of nurse? Would it make her services any less valuable to a community were she called an 'attendant'?" Why not modify these questions and ask: Would she (the trained nurse) not care for the sick just as conscientiously, just as tenderly and well, under the title of "registered nurse" as though she were to monopolize the title "nurse"? Would it make her services any less valuable to a community were she called "registered nurse"? These are just as reasonable questions. The trained nurses or, rather, the so-called "leaders," have arranged for the registration of graduate nurses as a means of distinguishing them from the multitude, and have succeeded in acquiring a mortgage upon the title of "registered nurse." That would seem to be a sufficient distinction. They are not satisfied, however, but wish now to get a mortgage on the common term "nurse," to which they have absolutely no exclusive right. Evidently they have been disappointed in the working of their registration laws. The correspondence schools, which they promised to close thereby, are flourishing, and they apparently expect by this new step to force the good material that they admit goes to these schools, into attending the regular training schools. You cannot effect such things, however, by legislation. If the correspondence schools get these superior pupils "by special inducements," the only way to fight them is by offering greater inducements, convincing those desirous of nursing that the regular course is the best thing for them in the long run. Fees, too, are another thing that cannot be arranged by legislation. If a correspondence school graduate makes herself agreeable to the family and proves satisfactory to the doctor, she will get the work and charge the regular fees, regardless of the term "nurse" or "attendant." No one who fails to satisfy doctor and family is going to get far in the profession, whatever her training.

It is very true that "a clearer definition to the public of the different kinds of women in the nurse field" is desirable, and "the public should know what grade of service they are paying for in as far as this information can be given them." but this can only be effected by having the registration laws drawn to cover all classes of nurses, not by monopolizing the term "nurse" and trying to ignore the existence of any but the registered variety. The only encouraging sign in this letter is the admission that "we need the attendant in the field to care for certain kinds of sickness." The untrained nurse has, then, a right to exist. She may be allowed to breathe the breath of life.

All she must give up is the privilege of using the term "nurse," whatever the epithet added, and then the public, being discreet, will thereafter use her only on fitting cases and refuse to pay her more than a befittingly small fee. Ye gods, the generosity and broad-mindedness of the State Association nurses! ANNETTE FISKE, R.N.



Another Opinion on the California Eight-Hour Law

To the Editor of The Trained Nurse:

I have followed the fortunes of the California eight-hour law with very keen interest, for from newspaper and nursing journal comment I seem to be one of the minority of the profession favoring the measure. I had fully decided to take no part in the controversy, being out of the profession now, but an article like "The California Law," appearing in your last issue, must "draw my fire."

From an experience covering ten years, extending from the training in one of the largest schools in the country, through head-nurseships, superintendency of training schools and hospitals, to owning a small institution of my own, I feel I have the right to voice my opinions as well as those of greater or less experience.

Is there a graduate nurse who reads this who cannot recall cases of nurses in training who had to give up the work and return home broken in health from overwork, or who had struggled through the period of training with frequent "vacations" required for recuperation? It truly was a "survival of the fittest"—the fittest physically.

I see no reason why this law cannot be enforced. The Lakeside Hospital, of Cleveland, Ohio, and many other first-class hospitals of this country have maintained the eight-hour system for years and in a most satisfactory manner.

My reasons for enthusiastically endorsing this system are many: To begin with, a profession that does not physically incapacitate its students for a life of usefulness will appeal to the best class of young women—those best educated and most refined. This will obviate the necessity of advertising for probationers in the Help Wanted columns of the daily papers—a fact that must always humiliate the graduates of standard schools.

In every good training school hours of changing duty are most punctiliously observed. It is part of the discipline. And no matter what that hour may be, whether at the end of eight hours or "a little more than nine hours," or even

twenty-four, there will always be "suffering to alleviate, grief to solace or a little child to comfort." Must the nurse stay on duty until all this is accomplished? If "poor sufferers" could confine "their trouble, grief, pain and death" to one certain season in the year as does the fruit and vegetables, possibly that irritating Section I of this law might have been made to cover and protect the poor patient who has been left to the tender mercies of an undertrained and overworked pupil nurse.

It surely did "take women with the highest ideals of life to place nursing where it stands today," and no commercialized hospital board should be allowed for purely mercenary motives to lower this standard one iota. A little less dividends, a little less work, a few more lessons, and we will have many more good nurses who "will enter into the work for the love of the good that can be done." And it does not take more than eight hours' constant waiting on the sick to "realize the importance and seriousness of her work." In fact, that is just about the time that she realizes most keenly. After a good hard day of "a little more than nine hours" (note the ambiguity of this phrase), the nurse is so fagged in brain and body that her senses are not as alert—and just here is where so many dangerous mistakes occur.

I know of many hospitals in California where, after a hard day on general duty a nurse is allowed "the privilege of being on special duty" all the night following. If in "that way alone can a nurse watch and carefully study a serious case of pneumonia, typhoid or any other disease," how few good nurses would we have! With all due respect to the "example of unselfishness" that she is supposed to be, in truth the poor nurse will be thinking more likely of her aching feet or head, and all but ready to relegate her nursing ambitions to the limbo of things unmentionable.

In the East patients go to hospitals if they cannot afford to be sick at home; in the West they stay at home if they cannot afford to go to the hospitals. In the East the hospitals have annual deficits of thousands of dollars; in the West they pay annual dividends of thousands of dollars.

The hospitals are beautifully constructed, widely advertised and in the larger cities the doctors are the heaviest stockholders. The training schools for nurses are merely tributary to this dividend-paying business, as is the pharmacy or the culinary department. The duty of properly training these young women both theoretically and practically, is of secondary import-

ance. A noted surgeon of San Francisco once told me he did not think it necessary for nurses to study materia medica or anatomy. It is these stock-holding doctors that *promise* to give lectures to the classes but never do. They will approve of recruiting students from kitchens and restaurants, paying them \$5 to \$10 a month, and then, as quickly as they are in uniform, putting them on special cases for which the hospital receives at least \$21 a week. She can "study" her special case for four or five weeks, in the meantime missing classes and the far better experience of general duty. And we all know that the pupil nurse personally adapted for special duty gets more than her share.

A doctor or lawyer can practise his profession a lifetime, but it has been said that eight years is the average life of a nurse. And many are worked out before they graduate.

Why do so many nurses count the days impatiently before graduation? Why are they so glad to get away? If suitable and attractive quarters were provided for the students, an interesting curriculum rigidly maintained, with sufficient and wholesome recreation periods, ethics and loyalty would take care of themselves and the graduate would "be the woman with the ideals that a nurse should have." I. S. C.



Another Kind of Hospital Accident

To the Editor of The Trained Nurse:

Accidents by burning patients with hot water bottles, by giving the wrong medicine or giving disinfectants instead of medicines, accidents by the elevator or by using too strong disinfectants, accidents by delirious patients jumping from unguarded windows, are all so commonplace as to cause scant notice outside of the immediate circle of people interested. The recent accident in a Missouri hospital, which resulted in a damage suit is slightly different, and shows one more point to be guarded. From press reports it appears that Mrs. C. was a patient in a certain hospital in September and October, 1912. She claims that the nurse who was caring for her spilled pure carbolic acid on a rubber sheet, which resulted in a burn on the patient's left shoulder. A growth appeared on her shoulder as a result of the burn, requiring three operations to remove it. The plaintiff sued the hospital association for \$5,000 damages, but a settlement was reached out of court. Even "eternal vigilance" on the part of hospital superintendents could hardly be expected to prevent an accident of that kind.

SUPERINTENDENT.

In the Nursing World

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Massachusetts

The hearing before the committee appointed by the board of trustees of the Waltham Training School for Nurses to discuss the need of changes in the school curriculum, was held at the Cutler House, on Tuesday P.M., November 11. It was a most spirited meeting and brought out many sides of the difficult question under consideration. Many of the graduates and students were present, as well as Miss Gardner, president of the National Organization for Public Health Nursing, and members of the Cambridge Visiting Nursing Association.

The principal grievance brought forward by several nurses was that they were ineligible to membership in the American Nurses' Association, the National Organization for Public Health Nursing, or the Red Cross Society, because the Waltham School would not or had not conformed to the requirement of membership relative to two consecutive years of hospital training.

Dr. Fuller, chairman of the committee, presided. He called on Dr. Worcester, who stated clearly the reasons for the stand the Training School had always taken in the matter.

Miss Gardner gave a brief history of the National Organization for Public Health Nursing from the time of its organization, less than two years ago. She said that it now numbers about 700 members. In speaking of the rules for membership, she emphasized the fact they were not framed hastily, but it was decided best to adopt similar rules to those of the American Association of Nurses and the Red Cross. She said, however, that the organization was young and there were probably many problems, such as the present one, which they must consider. She was good enough to say they wanted very much to include Waltham graduates among the members, and hoped that what seemed to them a technicality might be overcome.

She said: "We agree that Waltham is a fine exception to what seems to be a bad rule. Would you have us change our standards which control all the country and which would allow hospitals

to exploit nurses. It is not done here, I know. Where can we change? Can we not compromise?"

Dr. Fuller stated that it was much more than a technicality with Waltham, as it involved our very ideals, which it seemed to those who had studied the matter, they were asking us to lower.

The question was asked: "Why, if Waltham training is superior, has it not been adopted by other schools?" The answer was: "Because the schools are always swamped by the hospital; also because it is a more expensive training."

The point was also brought out that in all the school circulars the fact was published that Waltham was not accepted by the American Nurses' Association, and her graduates were not allowed to register in New York State. No student need, therefore, enter the school under a false impression.

The report of the committee, as made subsequently, was against changing the curriculum.—*The News Letter.*

The Charlesgate Hospital Nurses' Alumnae Association, of Cambridge, Mass., will give the annual dinner at Riverbank Court. The alumnae tender this dinner yearly and members always look forward to this reunion.



Connecticut

The quarterly meeting of the Graduate Nurses' Association was held at the New Stamford Hospital, Stamford, Conn., Wednesday, November 5, at 2 P.M., the president, Mrs. W. A. Hart, R.N., in the chair.

Much business of importance was transacted and reports from the various committees were read. The report of the chairman of the membership committee showed very active work on the part of that committee, twenty-four new members being admitted at this meeting, making a total of forty-four new members since the annual meeting in May.

Following the business session an excellent paper was read by Dr. R. Herzberg, on "The

Duty of the Graduate Nurse to the Doctor, Her Patient and Herself." There were also several vocal selections by Mrs. Hull, of Stamford.

Refreshments were served by the nurses at the hospital, following which the visiting nurses were taken through the hospital, and Contagious Hospital.

There were about forty nurses present from the different cities in the State, and all were loud in their praise of the excellent entertainment furnished by the Stamford nurses, especially through the kindness of Miss Wilson, superintendent of the hospital, whose interest and kindness gave us a chance to meet at the New Stamford Hospital.

Miss Marie L. Morin, R.N., a graduate of St. Francis Hospital Training School for Nurses, Hartford, Conn., has been elected as assistant visiting nurse to Miss Katherine T. McCarthy, R.N., Bristol, Conn. Miss McCarthy is a graduate of the above-mentioned school for nurses.



New York

The graduating exercises of the Nurses' Class of 1913 of St. Joseph's Hospital, Syracuse, were held in the Nurses' Home, Thanksgiving evening, November 27, when the following young women received diplomas: Rose Theresa Donahue, Mary Elizabeth Doyle, Leah Alice Earley, Della Marguerite Hache, Helena Marie Harrison, Anna Elizabeth Harvey, Mabel Elizabeth Lloyd, Nellie O'Driscoll, Jennie A. O'Sullivan, Florence Mary Smith.

Mrs. F. L. Waldorf, of Blust Street, Eastwood, recently entertained the alumnae of the Women's and Children's Hospital Training School for Nurses, of Syracuse. At the business meeting it was voted to hold a banquet in December at the Onondaga. Special guests of the alumnae were Mrs. Charles W. Wise, of East Syracuse, Miss Erway, of Elmira Heights, and Mrs. Christanden.

The Nurses' Alumnae of St. Luke's Hospital, Newburgh, N. Y., will give a dance and reception to the undergraduates of St. Luke's Hospital Training School in the Nurses' Home on New Year's Eve.

Dr. M. S. Woodbury, one of the faculty of the Clifton Springs Sanitarium, recently addressed the Nurses Alumnae. His subject was "The Nursing of Neurasthenia." The paper will appear in a future issue of THE TRAINED NURSE AND HOSPITAL REVIEW.

Pennsylvania

The eleventh annual meeting of the Graduate Nurses' Association of the State of Pennsylvania met in Thompson Hall, College of Physicians, 15 South 22d Street, Philadelphia, Pa., November 12, 13 and 14, 1913.

There were six sessions, all of which were interesting and largely attended.

The Rev. Alexander MacColl pronounced the invocation.

In the absence of Mrs. Blankenburg the wife of the Mayor of Philadelphia, due to the illness of Mr. Blankenburg, Mrs. H. S. Prentiss Nichols, president of the New Century Club, made the Address of Welcome, to which Mrs. J. E. Roth, in a few well-chosen words, made the Response.

In a memoriam to Miss Helen M. Hunt, one of our charter members and a very hard worker for us in our work for a bill for registration, Miss C. I. Milne spoke of her as a pupil nurse and Miss Roberta West as a co-worker. In losing her the Association has lost a very valuable member.

At the Philadelphia Club for Graduate Nurses on Wednesday evening, November 12, there was a very enthusiastic Red Cross meeting. Miss Murray gave an account of the Red Cross work at the Gettysburg Celebration, of which she was superintendent, and many of the other nurses told of their experiences.

The Rev. Charles W. Lyons, president of St. Joseph's College, opened the morning session of Thursday with prayer and made a short address, Father Lyons spoke of the many spheres of usefulness for nurses.

He was followed by a few remarks by Father Singleton and Father S. A. Wastl, the chaplain at Blockley.

Miss Alice O'Halloran gave an account of the State work under Dr. Dixon, of the department of health, at Gettysburg Celebration, which was most interesting.

There was discussed the organization of a State league for nursing education, and a committee was appointed to work on it.

Miss Elizabeth Morris, R.N., read a paper on "The Value and Standards of Alumnae Associations." The discussion was led by Miss Margaret Wise.

Mrs. Alfred W. Mason's paper on "The Value of Nurses' Clubs," due to the absence of Mrs. Mason was read by Miss Helen F. Greaney.

There was considerable discussion on the affiliations of training schools. This seems to be quite a problem to the superintendents of nurses and teachers of nurses.

Miss Margaret Dunlop, R.N., read a most

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Winter Classes open Jan. 7 and Mar. 18, 1914 Spring Class, May 20th, 1914. Summer Class, July 6th, 1914.

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutical Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania.)

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College.)

B. E. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz, Edith W. Knight, Elizabeth Jamison } Penn. Orth. Institute.

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MAX J. WALTER, M. D., Superintendent

interesting and able paper on "The Relation of the State Society to the State Board of Examiners," which was followed by much discussion. Dr. Higbee, president of the board, and Dr. Blackburn, secretary-treasurer, were present, entering into the discussion and agreeing that there should be a committee appointed, consisting of the officers of this Association and nine other members, to confer with the board of registration.

Dr. Blackburn made a report of the work done by the board, both before and since the time of waver.

The Alumnae Associations of Philadelphia gave a reception at the Philadelphia Club for Graduate Nurses, which was very much enjoyed by all present.

The afternoon of Friday was given over to a public health session, which was presided over by Miss Frances Hostetter, R.N. Dr. H. R. M. Landis, of the Phipps Institute, opened this session, with a paper entitled "Public Health Work." This was followed by papers on "Visiting Nursing," by Miss Margaret Lehman, R.N.; "Municipal Nursing," Miss Charlotte Perkins, R.N.; "Hospital Social Service," Miss Lucinda Stringer; "School Nursing," Miss Louise Johnson, R.N.; "Opportunities for a Special Course," Miss Elizabeth Stringer.

This session was both interesting and instructive.

Adjourned to meet in Lock Haven in May, 1914.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday afternoon, December 4, at three o'clock, the president, Miss Miriam Wright, presiding. Seventeen members were present and three new members admitted. The annual meeting will be held the second Thursday in January; January 1 being New Year's, the meeting will be the following Thursday, at which meeting there will be an election of officers for 1914.

Miss Frances Taylor, Class of 1900, gave the nurses a very interesting talk on "The Old and the New in Nursing Affairs, and Our Relation to the New Order of Things."

A rising vote of thanks was given to Miss Steinmetz, superintendent of nurses at the hospital, for her kindness to all our graduates and her hospitality to the nurses at our monthly meetings, especially during the past year.

All graduates of this school are invited to visit the hospital during the Christmas season.

Pennsylvania

AN ACT

FOR THE PREVENTION OF BLINDNESS, BY REQUIRING THE REPORTING OF CASES OF OPHTHALMIA NEONATORUM (INFLAMMATION OF THE EYES OF INFANTS) BY PHYSICIANS, MIDWIVES AND OTHERS, AND REQUIRING THE REPORTING OF RESULTS OF TREATMENT OF EACH CASE OF SAID DISEASE, AND FIXING A PENALTY FOR VIOLATION THEREOF.

WHEREAS, Statistics show fully thirty (30) per cent. of cases of blindness to be due to inflammation of the eyes appearing a few days after birth; and, whereas, experience has proved that this inflammation can be cured, and the eyesight saved in the majority of cases, if the proper treatment be instituted at an early stage of the disease:

SECTION 1. Be it enacted, etc., That every physician practising in any portion of this Commonwealth who shall treat or examine any infant suffering from ophthalmia neonatorum (inflammation of the eyes of infants) shall, if the said case be located in a township of the first class, a borough, or a city, forthwith make a report in writing to the health authorities of said township, city or borough; and, if said case shall be located in a township of the second class, or a city, borough or township of the first class, not having a board of health, or body acting as such, to the State Department of Health, upon blanks supplied for that purpose, in which report he shall, under his or her own signature, state the name of the disease and the name, age, sex, color and nativity of the infant suffering therefrom, together with the street and house number of the premises in which said infant may be located, or otherwise sufficiently designate the same, the date of the onset of the disease, the name and occupation of the householder in whose family the disease may have occurred, together with such other information relating to said case as may be required by said health authorities and the State Department of Health.

SEC. 2. That any midwife, or nurse, or other person having the care of an infant, whose eyes have become inflamed or swollen or reddened at any time within two weeks after birth, shall report the same, in writing, to the health authorities of the city, borough or township of the first class in which the case may be located; or, if it be located in a township of the second class, or a city, borough, or township of the first class, not having a board of health, or body acting as such, the State Department of Health, within six hours after the discovery thereof; giving the name of the infant, the names of the parents or guardians, and the street and number of their residence, or otherwise sufficiently designate the same; together with the fact that such inflammation or swelling or redness exists, and shall make a similar report in writing to some regularly qualified practising physician of the district.

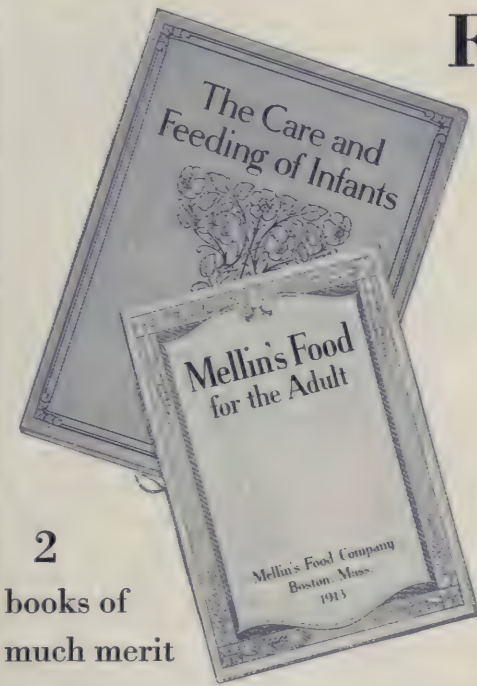
SEC. 3. That it shall be the duty of the said health authorities or the State Department of Health, immediately upon receipt of a written report from a midwife or a nurse, or person other than a practising physician, to notify the parents or guardian, or other person having charge of the

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infant of the danger to the eyes or eye of said infant by reason of any neglect of proper treatment of the same.

SEC. 4. Every physician in this Commonwealth who shall treat any infant's eyes for ophthalmia neonatorum (inflammation of the eyes of an infant) shall, within forty-eight hours after said physician ceases treatment of or attendance upon such case of ophthalmia neonatorum, report to the Commissioner of Health of the Commonwealth of Pennsylvania that said physician has treated a certain case of ophthalmia neonatorum, giving full information as required in Section 1 of this Act, stating that he has ceased treatment of or attendance upon said case, and what was condition of infant's eyes when physician ceased treatment of or attendance upon said case of ophthalmia neonatorum.

SEC. 5. Every health officer shall furnish a copy of this Act to every person who is known to him to act as a midwife or nurse in the city, borough or township for which he is health officer; and the Commissioner of Health of this Commonwealth of Pennsylvania shall cause a sufficient number of copies of this Act to be printed and supplied to the health officers.

SEC. 6. Any physician, midwife, nurse, or other person who shall violate any of the provisions of this Act shall, upon conviction thereof in a summary proceeding before any justice of the peace or alderman of the county wherein such offense was committed, be sentenced to pay a fine of not less than twenty or more than one hundred (\$100) dollars, to be paid to the use of the said county, and the costs of prosecution, or to be imprisoned in the county jail for a period of not less than ten (10) or more than thirty (30) days, or both, at the discretion of the court.

SEC. 7. An "Act for the prevention of blindness; imposing a duty upon all midwives, nurses or other persons having the care of infants, and also upon the health officers, and fixing penalties for neglect thereof," approved the twenty-sixth day of June, Anno Domini one thousand eight hundred and ninety-five, be and the same is hereby repealed.

Approved—the 5th day of June, A. D. 1913.



New Jersey

The New Jersey State Board of Examiners of Nurses wish to call the attention of New Jersey nurses to the proper address of their office, 487 Orange Street, Newark, N. J., which is open from 9 A.M. to 5 P.M. every week day, except Saturday, and on Saturday till noon.

All checks and money orders to be made payable to the secretary-treasurer, Jennie M. Shaw.



Alabama

The Bryce Hospital, of Tuscaloosa, Ala., held its nineteenth closing exercises of the Training School for Nurses Wednesday, October 15, 1913. The nurses rendered a very interesting program to an appreciative and packed hall. Introduc-

tory remarks by Dr. J. T. Searcy, superintendent of hospital. Graduating address by Col. Samuel Will Johns, one of the trustees. Dr. W. M. Faulk, another trustee, made the class a brief but complimentary talk. Dr. W. D. Partlow, assistant superintendent, awarded the diplomas and spoke of his satisfaction and enjoyment with the class and the proficiency each had attained as professional nurses. Light refreshments and a dance followed from 9.00 to 12.00. Class pins, flowers and a number of presents were received by each. Miss Nora Ella Bates, Miss Carrie Hannah Cribb, Miss Frankie Lee Elliott, Miss Eva Mae Lewis, Miss Laura J. Mayfield, Miss Ottie Mae Rozzell, Miss Clara Louise Rozzell and Miss Ethel Wallace.



Ohio

A fee of twenty-five cents for each active member of the Dayton Graduate Nurses' Association was voted at the regular meeting of the Association at the Nurses' Memorial Home. The money will go to the campaign fund by which the nurses hope to secure legislation regarding State registration of graduate nurses. A report of the State convention of the Graduate Nurses' Association held recently at Akron, Ohio, was made by the local delegate, Miss Crete Zorn. The next State convention of the Nurses' Association will be held in Dayton, September, 1914.



Indiana

The Evansville Graduate Nurses held a meeting at the Y. W. C. A. Hall, November 21, for the purpose of choosing their nominees for the annual election of officers in January, 1914. Many members were present, besides visitors. Evansville has about ninety graduate State licensed nurses, and they are endeavoring to make their association one of the best in the State. The officers for 1913 are: President, Miss Ida Crowdus, R.N.; first vice-president, Miss Agnes Simpson, R.N.; second vice-president, Miss Lydia Metz, R.N.; treasurer, Miss Fannie Clark, R.N.; secretary, Miss Allie Butler, R.N.; assistant secretary, Miss Susie Schlimmer, R.N.



Minnesota

On November 13, 1913, at 1.30 P.M., the graduates of the Northwestern Hospital Training School, numbering ten, were entertained by the Alumnae Association at a luncheon given in the Chateau Room of the Hotel Radisson. Covers

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such as typhoid fever, pneumonia, pleurisy, influenza, or those requiring surgical operations, the return to health often depends on the thought and attention given to restorative treatment. If, however, a reconstructive like

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were placed for fifty-two. Dr. Maionr Mead, registrar of the Hennepin County Graduate Nurses Association; Miss Mary Johnson, president of the Alumnae Association, and Miss Ida Campbell, president of the graduating class, responded to toasts.

The graduating exercises took place at the Olivet Methodist Church at 3 P.M. the following Thursday, when the class and their guests listened to some songs by Mrs. Eleānor Poehler, a violin solo by Dr. La Vake, an address of good advice by Dr. W. A. Jones, chief of the staff of the hospital, and an address by Mrs. T. B. Walker, president of the board of directors.

At the last meeting of the Alumnae Association the Association acknowledged a bequest of one hundred dollars, left to the Association by Miss Beatrice McNabb, graduate from the N. W. H. T. S. in 1901, one of the most popular and best beloved nurses of the school, who died at the hospital December 18, 1912. Part of the gift was used to purchase a complete tray and silver service, for the use of any of the Alumnae who are ill at the hospital.

The balance was put aside in a separate endowment fund.



Idaho

The Idaho State Association of Graduate Nurses had a picnic supper at Pierre Park, Boise, on the evening of September 16. After the supper a business meeting was held at which a report of the American Nurses' Association was given by Elizabeth Harcourt, the delegate from Idaho.

STATE BOARD EXAMINATION

Surgical—1. In what does the general preparation of patient consist? 2. Previous to entering the operating room what points are to be observed? 3. State in detail how you would prepare a room in private home for a major operation. 4. Name the most common positions patient is placed in on operating table. 5. State in detail the nursing care of perineorrhaphy. 6. State your method of catheterizing. 7. State in detail the necessary care of perineorrhaphy. 8. What are the symptoms of shock and what would you do until the arrival of the doctor? 9. How do you make a saline, what should the temperature be, and how should it be given?

Medical—1. How would you ventilate a patient's room in cold weather? 2. How are bed sores caused, prevented and cured? 3. What is pneumonia, state in detail the nursing care, and the period of greatest danger to the patient? 4. State method of giving a bath for the reduction of temperature. 5. When do the rose spots appear in typhoid fever? 6. Differentiate between the symptoms of internal hemorrhage and shock. 7. What is the average amount of urine

secreted by healthy adult in twenty-four hours? 8. In what disease is the quantity diminished, what disease increased? 9. How would you give a bladder irrigation?

Physiology—1. What is the skeleton, and give the composition of bone? 2. What is the periosteum, and what is its function? 3. Describe the spinal column, how many vertebrae are there? 4. Into how many sections are the vertebrae divided, name them? 5. What bones form the shoulder joint? 6. Describe the stomach and its functions, name the two important openings of the stomach. 7. What is the length of the small intestine, and into how many parts is it divided, name the parts? 8. Describe the location and functions of the kidneys, the ureters, the bladder and the urethra. 9. What is the aorta, how is it divided? 10. What is osteology?

Gynecology and Obstetrical Nursing—1. Name the internal female generative organs. 2. What terms are used to designate beginning and end of menstrual epoch? 3. What is the function of the Fallopian tube? 4. How would you prepare a patient for gynecologic examination? 5. Name the positions used in gynecologic treatment and examination and describe each. 6. How should a woman dress during pregnancy? 7. Give general directions for diet in pregnancy. 8. What are the signs of beginning labor; what are the three stages of labor? 9. How would you prepare patient at the beginning of labor? 10. How could you retard progress of labor if doctor was delayed? 11. What is chief danger to mother in first few hours after labor? 12. What would you do for post-partem hemorrhage if doctor had gone before it began? 13. What are the chief causes of post-partem hemorrhage? 14. When would you give a vaginal douche after labor? 15. What are the chief symptoms of puerperal infection? 16. Describe the nurture care of baby during first week.

Dietetics—1. What are the three classes of organic food principles—examples? 2. To which class do animal foods belong—why sugar? 3. Name a perfect food—why so called? 4. What is the value of the indigestible parts of foods in health, why may these be harmful in sickness? 5. How should the average patient be fed as regards quantity, quality and frequency—give reasons for this? 6. What is the average quantity of a nutritive enema? 7. What articles of food are to be especially avoided in nephritis? 8. What is the most easily digestible form of fat? 9. What is the measure of food values? 10. What are relative amounts of proteins, fat, carbohydrates in balanced diet of a man doing moderate work?

Materia Medica—1. Name five ways of introducing medicines into the system. 2. What is an emetic, a cholagogue, a somnifacient, examples of each? 3. What is quinine made from, what are its principal uses, what is the dose of sulphate? 4. What is Fowler's Solution; what is the dose? 5. What are tinctures, give average dose of tincture of belladonna, tincture nux vomica, tincture opii? 6. What is dose of strychnine sulphate, morphine sulphate, heroin, acetanilid, aconitine, potassium bromide, chloral, infusion digitalis? 7. How estimate dose for child? 8. How prepare normal salt solution; 50 per cent. saturated solution of boric acid? 9. What is best

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antidote to carbolic acid? 10. What are symptoms of opium or morphine poisoning?

Bacteriology—1. Name the two most common forms of bacteria according to their form and shape. 2. What is the difference between parasitic and saprophytic bacteria? 3. To what natural kingdom do bacteria belong? 4. Name three ways by which bacteria enter the system in causing infectious diseases? 5. By what ways are bacteria transmitted from one person to another in causing diseases? 6. What is the distinction between contagion and infection? 7. What is the safest method of disinfecting a house after a case of tuberculosis? 8. Name the principal methods of sterilization. 9. What is fractional sterilization and why is it used? 10. How are bacteria distinguished from one another in the laboratory?

Anatomy—1. How many bones in the human skeleton? 2. Name and locate the largest bone in the body. 3. Locate the following bones—femur, scapula, tibia, ulna. 4. Locate the following and tell how many bones each contain—carpus, metacarpus, phalanges. 5. How are bones classified? 6. Name the bones of the pelvis. 7. What are the three great eliminating channels of the body? 8. Mention three portions of the small intestines? 9. How many vertebrae are there? 10. Mention the largest vertebrae.

Hygiene—1. What is the composition of pure air? 2. Why is deep breathing of vital importance? 3. Why is bathing so important to health? 4. What constitutes good ventilation? 5. What are the characteristics of expired air? 6. Mention some of the sources of impure air in the sick room and tell how they may be lessened or avoided. 7. At what temperature would you ordinarily keep a sick room? 8. What are the beneficial effects of sunlight? 9. What advantage is a fireplace? 10. Describe an ideal sick room from a hygienic standpoint.

Infectious diseases—1. What is infection? 2. Mention three infectious diseases? 3. How would you differentiate between infection and contagion? 4. Mention two serums used in infectious diseases. 5. Why is the skin of patients suffering from an eruptive fever anointed? 6. What are the initial symptoms of typhoid? 7. How is typhoid spread? 8. Give proper way to disinfect typhoid excreta? 9. What disposition should be made of it when there is no sewerage? 10. What precaution should a nurse use for herself in nursing an infectious disease? 11. Give proper method of disinfecting linen from a typhoid patient? 12. What are the indications in typhoid fever for removal of patient from bath tub? 13. Give method for hot pack. 14. Give method for alcohol sponge bath. 15. What is the seat of infection in typhoid fever? 16. In case of hemorrhage in typhoid patient what measures would you resort to in the absence of the physician? 17. Give most effective method of disinfecting t. b. sputum. 18. State important point in nursing t. b. patient regarding patient. 19. How would you disinfect yourself, patient and room after such cases? 20. How would you prepare a patient to be released from isolation?

Urinalysis—1. Describe briefly the structure

and function of the kidneys. 2. Is urea present in normal urine? 3. What is urea? 4. How may retention be relieved without the use of a catheter? 5. What is the sp. gr. in normal urine? 6. What are the methods employed in testing urine for albumen? 7. What method for testing for sugar? 8. Mention three reactions found in urine. 9. What abnormal characteristics would you find in diabetes—Bright's Disease? 10. Tell briefly how you would catheterize a patient.



Marriages

On October 30, 1913, at New Era, Mich., by the Rev. K. J. Dykema, Miss Margaret Dykema, graduate of the General Hospital, Paterson, N. J., Class of 1911, to Mr. Samuel A. Piper, of Chicago, Ill.

At Sugar Notch, Pa., by Rev. Father Kaechyun, Miss Helen Uder, graduate of the Pittston, Pa., Hospital Training School, Class of 1912, to Attorney J. C. Lokuta. Mr. and Mrs. Lokuta will reside at Pittston, Pa.

On November 25, 1913, Miss Edith Emrey, of Philadelphia, Pa., a graduate of the Hahnemann Hospital Training School for Nurses, to Dr. John Herkness, of Mount Union, Pa.

On October 20, 1913, in St. Patricks Church, Newburgh, N. Y., Margaret E. Dawley, R.N., Class of 1911, St. Luke's Hospital Training School, Newburgh, N. Y., to Mr. Joseph F. Ryan. Mr. and Mrs. Ryan will make their home in Newburgh.

On November 26, 1913, at Poughkeepsie, N. Y., Miss Katharine Ayres Du Boise to Mr. Victor Harrison Jump.

On November 27, 1913, at Hornell, N. Y., Miss Lena Westcott, of Rochester, N. Y., to Mr. William Shafer, also of Rochester.

On November 28, at Des Moines, Iowa, Miss Helen M. Rutherford, of Grinnell, Iowa, to Dr. James B. Ware, of Chicago. Dr. and Mrs. Ware will make their home at Des Moines.

On November 25, 1913, at St. Joseph's Cathedral, Hartford, Conn., Miss Mary Teresa Ryan, R.N., Class of 1907, St. Francis Hospital Training School for Nurses, to Mr. Jeremiah J. McCarthy. Mr. and Mrs. McCarthy will reside at Franklin Street, Hartford, Conn.

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On September 2, 1913, at Chicago, Ill., Miss Ova E. Hewitt, R.N., graduate of the Moses Taylor Hospital Training School for Nurses, Scranton, Pa., Class of 1906, to Mr. Frank J. Ney. Mr. and Mrs. Ney will make their home at Minneapolis, Minn.

On November 22, 1913, at Riverside, Cal., Miss Ruby D. Butler, graduate of the Hamot Hospital Training School for Nurses at Erie, Pa., to Mr. George W. Rix.



Marriages

On June 25, at Monmouth, Ill., Ella M. Griffith, Class of 1911, Monmouth Hospital Training School, to Dr. Ralph Graham. Dr. and Mrs. Graham will live in Monmouth, Ill.

On May 27, at Monmouth, Ill., Lillian B. Holgate, Class of 1912, Monmouth Hospital Training School, to Professor Thomas McCracken. Professor and Mrs. McCracken will live in Salt Lake City, Utah.

On November 12, 1913, at Lime Springs, Iowa, Miss Malinda Timmerman to Mr. William Dowlen, of La Cygne, Kans. Mrs. Dowlen is a graduate of the Cobb Hospital Training School, St. Paul, Minn., Class of 1912. Mr. and Mrs. Dowlen will reside in La Cygne.

On December 3, 1913, at Miller, So. Dak., Miss Hannah Kearton to Rev. Albert E. Hoeking, A.B. Mrs. Hoeking is a graduate of St. Joseph's Hospital, Class of 1910. Rev. and Mrs. Hoeking will reside in Highmore, So. Dak.

The marriage is announced of Miss Rose E. Foldesi, of the Mankato Nurses Club, Minn., to Mr. Edward Leo Lomm, of Mankato.



Births

On December 1, 1913, at Franklinville, N. Y., to Dr. and Mrs. Frank McArthur (nee Edna Boyce) a son. Mrs. McArthur is a graduate of Clifton Springs Training School for Nurses, and until her marriage was superintendent of nurses in that institution.

On November 3, 1913, at Philadelphia, to Mr. and Mrs. Howard Rouse, a son, Howard Edwin. Before her marriage Mrs. Rouse was Miss Augusta Freunsch, a graduate nurse of Hahnemann Hospital Training School for Nurses, Philadelphia, Pa., Class of 1911.

On November 7, 1913, at The Bronx, N. Y., to Mr. and Mrs. Harry Creighton, a daughter. Mrs. Creighton was formerly Miss Estella Motzer, a graduate of Hahnemann Hospital Training School for Nurses, Philadelphia, Pa., Class of 1911.

On October 13, 1913, at Grass Valley, Cal., to Dr. and Mrs. G. E. Chappell, a son, George Edward Chappell, Jr. ✦

Personals

Miss Sarah McCraig, of Worcester, Mass., has been appointed head nurse at Noble Hospital, Westfield, Mass., and has entered upon her duties. Miss McCraig is a graduate of the Memorial Hospital Training School, Worcester.

Miss Ethel Frost, R.N., Class of 1906 of the Knoxville General Hospital, Knoxville, Tenn., has accepted a position as night nurse at the King's Daughters Hospital, Columbia, Tenn.

Miss Mary Robertson, of Philadelphia, Pa., has assumed her duties as superintendent of the Pottsville (Pa.) Hospital.



Deaths

On November 30 at Philadelphia, Pa., Adele Neeb, a member of the Spanish-American War Nurses. Interment in the Spanish-American War Nurses' plot at Arlington National Cemetery, Washington, D.C. The following organizations of which Miss Neeb was a member, were invited to attend the funeral services, which were held in Philadelphia, previous to the removal of the body to Washington: The Philadelphia Club for Graduate Nurses; Graduate Nurses' Association of Pennsylvania; Alumnae Association of Presbyterian Hospital; American National Red Cross and Spanish-American War Nurses.

On November 26, at the home of her sister, Mrs. J. McCarthy, Binghamton, N. Y., Miss Josephine B. Bauer. Miss Bauer had been ill since last April, at which time she was operated upon for appendicitis, from which she never recovered. Miss Bauer graduated from the Sisters of Charity Hospital in 1904. Since that time she has followed her profession in Binghamton, being at one time employed as head nurse at the Moore Overton private hospital for two years. Her remains were taken to St. Mary's, Pa., her birthplace, for interment in St. Mary's Cemetery, December 1.

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The majority of the medical profession will be pleased to learn of the rapid growth and prosperity of the Uncle Sam Health Food Company, located at Twenty-eighth and Sahler Streets, Omaha.

The quality of their splendid food cannot be surpassed by any other cereal now on the market, and to prove this statement the Uncle Sam Health Food was presented with a diploma for the highest award, and the gold medal for cereal products at the Mechanical, Industrial and Electrical Exposition held at San Francisco, Cal., September 26 to October 4, 1913.

This is one of the largest events of its kind ever held west of Chicago; in fact, we believe one of the largest ever held in this country, as the daily attendance was from 30,000 to 50,000.

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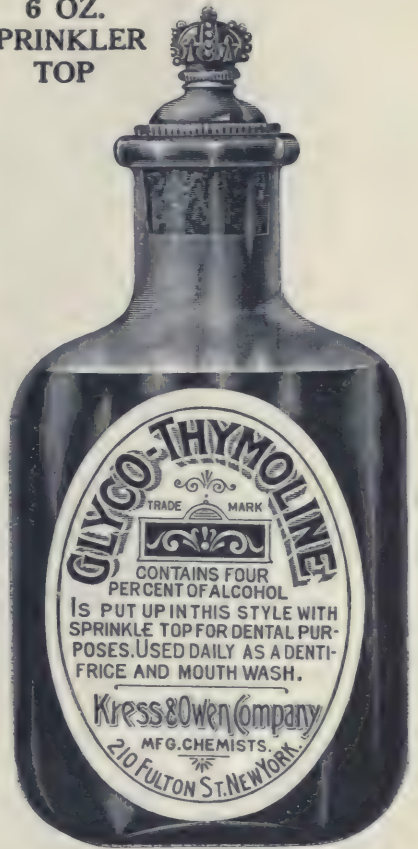
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Diagnostic Wall Chart

The Palisade Manufacturing Company, of Yonkers, N. Y., have recently issued a "Diagnostic Wall Chart," which has been sent to a full list of physicians in the United States and Canada. They have already received a number of letters from physicians all over the country, congratulating them upon the appearance of this piece of advertising.

For further information regarding this Chart, kindly address them direct.



Nurses' Register

Graduate nurses, do you want a position, either in private practice or in an institution? Miss Baylies' Fifth Avenue Directory for Nurses can supply you with a position in any kind of an institution, and she can supply any kind of an institution with nurses or trained attendants. She has given the most satisfactory kind of service to all her patrons and you should see her at once if you wish to fill a position or to have positions filled. Her address will be found in the advertisement in this number.



Sulpho-Naphthol

The advantages of Cabot's Sulpho-Naphthol, an emulsifiable creosote, are widely recognized by the medical profession. For many reasons it is an ideal antiseptic, deodorizer and disinfectant.

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Every one knows how much trouble is involved in getting the proper kind of uniforms. The busy nurse has little time for shopping and experimenting, yet she must have uniforms satisfactory as to fit, style and wear. It is to fill the needs of discriminating nurses that "Dix-Make" uniforms are manufactured and recommended. The old-time custom of having uniforms made by a seam-

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"Dix-Make" uniforms are guaranteed to give satisfaction; they are made in all sizes and are sold by good department stores all over the country. Inferior garments, not up to Dix quality, should be avoided, as it is poor economy to invest in any but the best uniforms obtainable.



New Home in Baltimore for H. W. Johns-Manville Co.

In order to properly take care of the big increase in its volume of business, the Baltimore branch of the H. W. Johns-Manville Co. has been compelled to seek larger quarters.

The new home of the company is a modern six-story building with floors measuring 47 x 187 feet, located at 207-13 E. Saratoga Street, which is within two blocks of the post office and right in the heart of the business section. It will include an attractive store and up-to-date offices, in addition to large warehouse accommodations. To facilitate the handling of incoming and outgoing shipments there will be a railroad switch running into the building.



The Object of Aznoe's Registry

Our simple purpose is to secure the advancement of graduate nurses who are worthy of advancement and to supply hospitals with nurses who in all particulars meet their needs. As a rule, good nurses can find positions for themselves. With them it is simply a question whether the registry is able to find them better positions. The problem presented to them is whether the registry, with its many and varied facilities, can so enlarge their range of opportunities that they will receive better offers than are likely to come through these private sources. If you are interested in a hospital position anywhere in the world, send now for our free booklet.



School Notice

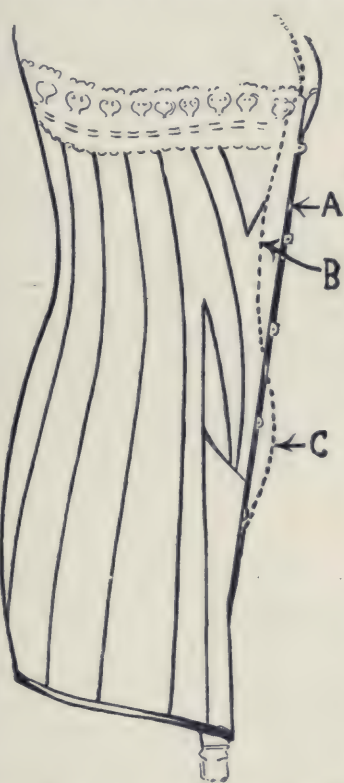
The winter classes in School of Medical Gymnastics and Massage are in full session.

A great number of clinics have this year asked to have assistant masseuses and masseurs from the school. The students also attend many patients in their homes, which trains them better than anything else for future private practice.

The Nemo Corset "Bridge"

Carries Women to Safety

THE Nemo "bridge" is one of the features that have made the Nemo Corset famous; yet few know what it is, and no one can see it. The accompanying diagram gives an idea of how the "bridge" is constructed, and what it does.



The dotted line (B) indicates the natural outline of the uncorseted figure. The straight line (A) shows a Nemo front steel, slightly curved inward at the lower end, then going straight to the bust-line. The abdomen (C) is repressed and supported. The region of the diaphragm is "bridged," keeping all pressure from the stomach region (B).

As a RESULT, no woman wearing a Nemo Corset, no matter how tightly it is laced, ever feels that dreadful crushing pain over the stomach which makes her rush home to get her corset off.

The following clever reference to the Nemo "bridge" recently appeared in an advertisement of one of the greatest New York stores:

THE NEMO CORSET HAS A "BRIDGE" — But it is not a Bridge of Sighs—on the contrary, it eliminates sighs and size, for it permits perfect breathing, and, while giving a straight front, it is so scientifically designed that the abdomen is not in the least crowded.

When you look at the corset, you can't see this bridge which connects health and comfort; but when you put it on, you realize that in the front it is different from any other corset, for there is no pressure against the abdomen.

Undue pressure upon the stomach region is one of the most common corset-faults; also one of the greatest dangers of corset-wearing, as it may cause digestive troubles, headaches, and a host of other ills.

You have read how Dr. Patterson, of London, at a clinic of the Clinical Congress of Surgeons (Chicago, Nov. 14), made a new pylorus to do the work of an atrophied one—the injury having been caused by wearing corsets that "pinched" over the gastric region. *This injury would have been prevented by wearing a Nemo Corset with the Nemo "bridge."*

A NEMO FOR EVERY FIGURE

With Lastikops Bandler	\$5.00
With Lasticurve-Back	3.00
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—and a dozen other models, for very slender to extra-stout figures, all with the Nemo "bridge" and other hygienic features, representing more than a hundred patented inventions. Sold everywhere. Literature Mailed on Request.

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For further information apply: Registrar's office, School of Medical Gymnastics and Massage, 61 East 86th Street, New York City.



The Test of a Tonic

The field and function of a systemic tonic is generally understood and appreciated by both physician and patient. To stimulate, whip or goad the vital processes is not to "tone," but, on the contrary, to ultimately depress. A real tonic is not a mere "pick-me-up," but some agent that adds genuine strength, force and vigor to the organism. The genuine tonic is a builder or reconstructor of both blood and tissue. Any agent which will increase the power of the blood to carry and distribute the life-giving oxygen is a tonic in the best and truest sense of the word. Iron in some form is an ideal tonic, as it builds up the vital red cells of the blood and the hemoglobin which is their essential oxygen-carrying element. Of all forms of iron, none is quite as generally acceptable and readily tolerable and assimilable as Pepto-Mangan (Gude). It creates appetite, tones up the absorbents, builds the blood, and thus is a real tonic and reconstructive of high order. It is especially desirable because of its freedom from irritant properties, and because it never causes a constipated habit.



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In all acute or chronic inflammations of the throat, pharyngitis, tonsilitis and laryngitis especially, Gray's Glycerine Tonic Comp. will be found of exceptional value. Used in appropriate dosage it allays congestion of the mucous membrane and underlying tissues, thus relieving pain and soreness, and by imparting tone to the local structures helps to restore normal conditions. "Gray's," moreover, is particularly useful as a prophylactic measure in those patients who are peculiarly subject to frequent colds. In such cases, its use from time to time tends to increase the resistance of the local mucous membrane and enable it to successfully combat germ attack. Public speakers and singers are also greatly benefitted by "Gray's," and if ministered for several days before putting the throat or voice to unusual strain, it can be relied upon to increase the strength and vitality of the local structures.

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The inside of our uniforms, the part where we put real hard work, are tailored stitch by stitch. That is why they stand up, retain their drape and shape long after less carefully made garments are shapeless sacks. That is why we shrink the materials before cutting. It pays to wear made-to-order garments. The splendid outside appearance of our uniforms is not the result of chance, but is obtained by the intention to produce fine uniforms by skill and hard work. Write for our free samples, new measurement blanks, etc. They will be mailed at once.



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Business men and women and all who have to attend large meetings in crowded places or travel in congested railway and trolley cars, or travel by automobile, will find Formamint Tablets a valuable Preventive of "taking cold," catching "sore throat" or developing disease.

School children are so constantly exposed to infection through the mouth and throat that Formamint Tablets should be employed, especially during bad weather, or when the teeth are not in perfect condition.



What About the Future?

At some time or other every nurse seeks relief from the intensity of her duties. As the questions arise, "How long shall I be able to stand nursing? How long will my nerve energy last? What will I do when I have to face that condition of affairs in these trying days of competition?" The knowledge of mechano-therapy will solve this problem for every nurse who wishes to fit herself for a pleasant and interesting work, with good remuneration. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green Street, Philadelphia, Pa., offers a post-graduate course to nurses in the Swedish (Ling) system of massage, medical and orthopaedic gymnastics, electro- and hydro-therapy, and a thorough course in physiology, anatomy and pathology. Graduates are assisted into institutional positions, as the demand for capable operators exceeds the supply by far, as all modern institutions are adding departments of physiological therapeutics to their equipment. Classes open January 7, March 18, May 20 and July 6, 1914. For further particulars write for illustrated prospectus and address Max J. Walter, M.D., superintendent.

Table of Contents

	PAGE
THE MAKING OF A NURSE TEACHER..... <i>Charlotte A. Aikens</i>	67
TWO INDISPENSABLE COMBINATIONS IN HOSPITAL WORK..... <i>A. S. Kavanagh, D.D.</i>	70
THE INADEQUATE PROVISION FOR MEDICAL SERVICE TO THOSE OF LIMITED MEANS <i>John K. Howard</i>	76
CONSERVATION—THE WASTE OF HUMAN ENERGY IN HOSPITALS, <i>Minnie Goodnow, R.N.</i>	80
NURSING IN DISEASES OF THE HEART..... <i>Minnie Genevieve Morse</i>	84
THE UNORTHODOX "CURE"..... <i>Mabel Jacques</i>	88
A LETTER FROM FLORENCE..... <i>V. S. Field, R.N.</i>	91
DIRECTIONS FOR LIVING AND SLEEPING IN THE OPEN AIR..... <i>Clara P. Griesbach</i>	96
GLEANINGS FROM MEDICAL LITERATURE.....	98
EDITORIALLY SPEAKING.....	100
THE HOSPITAL REVIEW..... <i>Conducted by Charlotte A. Aikens</i>	103
BOOK REVIEWS.....	108
THE EDITOR'S LETTER-BOX.....	109
IN THE NURSING WORLD.....	113
NEW REMEDIES AND APPLIANCES.....	126
THE PUBLISHERS' DESK.....	132

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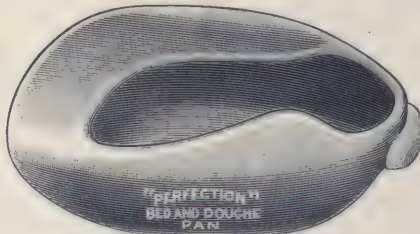
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MEINECKE & CO., NEW YORK
ADVANCED SPECIALTIES FOR HOSPITAL AND SICK-ROOM

The Trained Nurse and Hospital Review

VOL. LII.

NEW YORK, FEBRUARY, 1914

No. 2

The Making of a Nurse Teacher

CHARLOTTE A. AIKENS

ARTICLE I

IN A STUDY of the programmes of the leading training schools of today, as compared with the programmes of the same schools eight or ten years ago, one who closely observes will be struck with one particular phase of the plans. The number of nurses who are expected to conduct classes—to *teach* in such schools—has doubled, trebled, even quadrupled in some institutions. A few years ago the superintendent and the superintendent of nurses were the only ones in the institution who expected to be called to take charge of a class of nurses, and these often undertook the class work with fear and trembling. They knew how to do the practical work—the teaching was another matter.

There is an idea quite prevalent that teachers, like poets, are born, not made. The idea is fallacious. We cannot know whether or not we can teach, till we have tried. Neither did we know we could walk until we tried. Experience has clearly shown that the greater number of successful teachers are such, not chiefly because of native talents, but because they have been determined to study the art of teaching, of class management; because they have had an ambition to do the teaching well, because they have diligently prepared for teaching.

The very best inherited talent will be improved by a study of the elements which make for success in teaching. The successful teacher is one who likes to teach, who is enthusiastic about the task, who enjoys the contact with pupils, who has patience with their shortcomings and is on the alert to improve her methods. Temperament will influence success to a certain degree, but the will or determination to teach effectively is the starting point. Given that, even if Nature has endowed us with a limited number of talents, we can do fairly successful work as teachers. The best teachers are always keenly anxious for suggestions as to how they may improve in their teaching. They are always studying *how to teach*. Even after years of successful teaching, they will tell you they study every lesson carefully; that they never go before a class without a lesson plan in mind.

As in general educational work, the pupils are graded according to age, experience and general attainments, so in the successful hospital school there must be a system of grading, with teachers who have specialized, to some degree at least, on a particular grade and study. In the average hospital school not more than three grades can be easily managed. Every training school should

have at least two grades. Few, if any, teachers will do equally successful work with beginners in the school of nursing, and with the class about to graduate, and no school will really be successful which selects its teachers, haphazard, for these different grades.

Much of the training which nurses receive is practical, and it is immensely important that, in the first year, correct methods of doing practical duties be taught, and habits of thoroughness in work and systematic study be formed.

The average girl who enters a hospital school, has done little or no real studying for years. She needs not only to be taught how to nurse, but how to study. Left to herself in matters of study, and she will usually flounder around aimlessly, making little progress.

What can the teacher do, what should she do to help that girl who is beginning to actually *study*? The teacher can do a good deal by example, by showing that she herself is a student, that she has not only studied the lesson for the day, but has studied a good deal bearing on it that is not included in the text book. She will find in the magazines, in books, in the wards, interesting sidelights which will illuminate the lesson, and greatly add to its interest and practical value to pupils. Let her not neglect this if she expects her pupils to study.

She can, before going to class, decide on which points it is desirable to lay special emphasis. All points are not worthy of equal emphasis. Let her underscore the points in her own book, which are to be specially emphasized in the lesson which is to be assigned for the coming week, and see that the pupils do the same. The judicious marking of a text-book is an excellent aid to well-prepared lessons.

Some pupils find great difficulty in expressing themselves. They know, or think they know, a thing, but say they cannot express it. This difficulty can be greatly

helped by requiring some written work from the class at least once a week. Let it be kept down to small proportions, but ask for short papers often—all through the course. For the first year, a paper of not over two hundred words every week, is a good plan to work on. In the very beginning of their career a short paper which will embody the ideal they have of a nurse, the qualities she should possess, is a good thing. Another paper may deal especially with some of the things which they have been taught to guard against; another the reasons why a nurse should be careful of her hands, and how she should be careful; another may give the germ theory in their own words, another may be on how to guard against hospital noise, another on the spirit which a nurse should put into her work. There is no end of suitable assignments of practical value which can be made, which will stimulate original thinking, and improve powers of expression.

An especially good little book for "required reading" in the first year is "Preventable Diseases," by Woods Hutchinson, M.D. It is written in popular language in the author's fascinating style, and will answer accurately a thousand questions which they ask themselves or others. The first chapter on "The Body-Republic and Its Defense" is an excellent one, of which to require a written outline at the end of the first six months. If they have grasped fully the lessons it teaches they are ready for more advanced work.

If the superintendent of nurses is keenly desirous of improving her training school, let her first get a clear vision, herself, of the kind of training school she wants to have—the improvements she wants to make. Let her not lament that she hasn't a school with a hundred beds "always occupied," until she is absolutely sure that she is using the teaching possibilities she already has in her thirty-five or forty beds to the utmost.

Let her not lament that she has not the

money for paid instructors till she has cultivated to the fullest extent the teaching power of her head nurses and night supervisor—and yes, the interne. Sometimes—once in a while—an *ambitious* interne will do better class work with anatomy, physiology, materia medica and bacteriology than the most brilliant man on the staff, because he is keenly interested in his task, and ambitious to become a successful teacher—which his chief is not.

Let the superintendent not omit to add a few books on teaching to her training school equipment. She can make choice of scores by visiting the teachers' section of a public library. Let her hold at least monthly conferences on teaching and study how to remedy the defects and meet the difficulties that arise. Let her invite the principal of the nearest high school, or some interested teacher who is doing successful work in the general educational field, to give a few lectures to head nurses and others of her own household or staff, whom she expects to depend on very much for the teaching of her nurses.

Let her make very clear to the high school lecturer that what she wants is a concise presentation of such principles of teaching as are of universal or very general application.

What the average head nurse needs is a bit of inspiration to excel in teaching; the creating in her of a "divine discontent" with mediocre efforts in the line of teaching; a little opening up to her of the way to improve her methods, and if she is of the

right stuff she will work at the task of "training herself" till she may, later on, be surprised at the success of her own efforts when viewed in the light of actual things taught and pointed out, and in real development of the pupils entrusted to her.

(To be continued)

SUGGESTIONS FOR CONSIDERATION

What mental picture have you of a successful teacher of nurses?

Mention some reasons why a nurse's school should be graded.

Given a school in which pupils were admitted at any season of the year, how would you make your plans for successful grading? What difficulties would you expect to meet and how would you try to overcome them?

What can a teacher do to help a young nurse to acquire habits of study?

Mention some methods that might be used to help a nurse to do original thinking and express her thoughts clearly?

What can the superintendent do to help senior and head nurses develop latent teaching ability?

Which stage of the nurse's training period do you regard as most important? Give reasons for your answer.

What methods would you suggest for securing better teaching in the most important period?

If you had the task of reorganizing your school, with a view to improving it, what changes would you suggest and why?

What obstacles would you expect to meet and how would you overcome them?

Two Indispensable Combinations in Hospital Work

A. S. KAVANAGH, D.D.

Superintendent Methodist Episcopal Hospital, Brooklyn, N. Y.

(Continued from January)

THIS is another department which must also be considered here; one which is indispensable in the work of the hospital. I refer to the nursing department. I need not say that this is a live wire, and any one who ventures here is in danger of electrocution; but as we have taken some chances before and escaped, we are emboldened to take a few more risks.

There are many angles of vision as we approach this subject, and many interests involved. The women who have made it their life work have a right to be tremendously interested, and perhaps they are not to blame when they consider the man who meddles with their affairs an intruder, which they do, except when he happens to agree with them.

It should also cause no surprise that physicians should feel a positive interest in the question, when the relation of the nurse to them and to their patients is considered.

The trustees who have invested millions of dollars in the hospital buildings and equipment, and in nurses' homes, and who know the praise and blame accorded the nurse for her hospital and private work; and who, from practical experience with nurses in their own families know more about these matters than the nurses suppose, think that they, too, have some rights in the premises.

Finally, the State claims a right to determine just what instruction a pupil nurse shall receive.

The grievance of physicians and trustees is not that the State assumes these rights, or that it confers with nurse leaders; but that in many places it ignores both trustees and

physicians in their deliberations and conclusions.

In our cities the boards of education are composed of men and women who are not technically equipped to teach, but who are supposed to have some sound sense in determining educational matters. The teachers cannot determine either the policy of the education board, or the curriculum of the schools.

This principle is acknowledged, too, in nursing matters in New York State, where the Board of Regents, laymen for the most part, have the final word on all nursing questions. There is a difference, however.

The nurses become the advisors of the regents, while trustees and physicians are excluded. The nurses, while magnifying the importance of the training school, as a school, do not wish to be classed with teachers. They prefer to be ranked with physicians. And they claim that as physicians determine the policy and curriculum of medical colleges, subject to the State, nurses should determine the policy and curriculum of training schools.

The doctors, however, will not admit the analogy. They say, while the vocation of the nurse is highly honorable, it cannot rank with their profession; for the physician is an independent workman, while the nurse cannot give so much as a placebo without his permission or order.

The nursing question is immensely embarrassed today, also, by the outspoken, able and determined opposition of the nursing leaders to the present method of training school organization.

In nearly all hospitals the training school

is considered a department. This is not satisfactory to the nurse leaders. It must be divorced and stand alone, independent of the hospital management. To this end the nurse leaders are committed.

Lest you consider this language too strong or that I am mis-stating the facts, even in the slightest degree, let me quote from Miss M. Adelaide Nutting.

In her paper on "The Educational Status of Nursing," she says: "The principle of absolute control by the hospital is unsound, and in practice it does react unfavorably upon the education and training of nurses." Again: "The first step toward developing proper schools of nursing lies in separating them from the hospital and its control, and placing them upon an independent basis."

Again: "Whether the freedom of the training school is brought about by means of endowment or by State or municipal aid, does not matter. The thing to be secured is a separate government for the training school."

Surely no writer could be more frank or explicit; and in this particular she has done well; for now trustees and training school committees who desire to install supervisors and head nurses who will disrupt harmonious arrangements in their hospitals, will apply to Miss Nutting for some of her graduates. To anticipate any other result from her classroom work is to underestimate the sincerity, ability and earnestness of the teacher.

The logical outcome of this propaganda can already be discerned in the recognition which is given in official quarters to the training school, instead of to the hospital of which it is a part.

In New York City many of the leading hospitals, observing this fact, have requested the various outside interests to address all communications to the superintendent of the hospital, as the representative of the board of trustees, and not to the head of a department.

And as the usual title of the nurse in charge might be confused with that of the superintendent of the hospital, who is the superintendent of all its departments, several hospitals have changed her title from "superintendent of training school" to "supervisor or directress of training school." It seems quite evident that the trustees in Greater New York do not intend to let nursing matters drift along any further without their attention.

Now let it be frankly admitted that there is much to be said in favor of an independent training school for nurses, and we should hail its coming with great satisfaction, whether founded by city, State, or private endowments. Its whole business would be the work of education. It would relieve the hospitals, which were founded primarily for the healing of the sick, from the pressure upon them to make that work secondary and the training of nurses first; and it would give the nurse leaders an institution which they or their friends could manage to suit themselves, and save them from the ungrateful task of forcing endowments given for one purpose to be used for another end.

Trained, as to theory, in such a school, they would come to the hospital for practical work, as the young internes, who come because they desire the service it offers, and who come with respect for trustees, physicians and all officers of the institution. In this way an honorable young woman would come to complete her training, which she might accomplish in a year or so.

We are glad to record that, notwithstanding Miss Nutting's antagonism to the present method of training school organization, yet a sense of justice impels her to acknowledge "that the immediate advantages of the present system do not lie wholly with the hospital, for the student receives, without incurring any expenses for tuition, books, board, lodging, laundry and usually uniforms, such education and training as the hospital is prepared or willing to offer. And

this, even when poor in character, and meagre in amount, is always of definite material value to her; enabling her, as a rule, to become self-supporting as soon as she leaves the hospital."

She might have gone further and said what most hospital executives know to be true, that a nurse, for the various articles and provisions enumerated by Miss Nutting, costs the hospital at least \$500 a year, and that when she leaves the hospital she is able to earn twice and, in many cases, three times as much as when she entered.

There can be no question that, taking the opening and the closing months of a nurse's course, her cost to the hospital and her increased earning power while in training, she is fully compensated for service rendered.

The nursing question is embarrassed, also, and the hospital accordingly, by unnecessary legislation. That some legislation is necessary no fair-minded person will question. That reasonable legislation has already accomplished great good is not a subject for argument.

The nurse leaders point with just pride to the large number of States where registration has been secured. Its achievements need not be recited here, for they are not disputed. But it should be remembered that legislation cannot accomplish everything, and often is wholly unnecessary.

For example: Some States have tried by high legal requirements to force up the nursing standards. To quote the tables used by Miss Nutting: Six States have, as an entrance requirement, a high school course, or its equivalent. Those States are North Carolina, Maryland, Indiana, West Virginia, Oklahoma and Delaware.

But what are the facts in the case? How many of them obey the law? Well, the government at Washington called for a report, and you can depend upon it each school made the best showing possible.

We have seen that Maryland, by law, requires a high school diploma, but only 10

out of 20 reporting claim to have complied with the law; while in Connecticut, where there is no law, 11 out of 17 reporting require a high school diploma.

Or, take North Carolina, which by law requires a high school diploma—only 5 out of the 24 schools reporting complied with the law, while in New Hampshire, without any law, 6 out of the 14 reporting require a high school diploma.

Take New York State, where there has been, perhaps, the greatest expenditure of effort to raise the standards, especially by law; there is a one-year high school requirement, but every school is free to place its entrance requirement as high as it wishes, and yet only 8 schools out of the 123 reporting require a high school diploma.

By the side of that put Massachusetts, without an entrance requirement, where 33 out of the 66 reporting require a high school diploma.

Or, take Pennsylvania, another large State without a requirement by law, yet 37 out of 115 reporting require a high school diploma.

Now, what does all this mean? Why, that the hospitals themselves are more interested than the State, or the State Nursing Association, in raising their own standard. It means, also, that legislation cannot force hospitals to do the impossible.

From the standpoint of efficiency the one year in high school requirement seems to many to be a complete failure. By so much as this law is enforced, it is seriously injuring the quality of the service being rendered in the hospitals. One year in high school frequently means intellectual or physical incapacity. More than half the girls and boys who leave high school after one year, leave for intellectual or physical reasons; but if the girl is physically well, the State is satisfied with her intellectual inferiority. If, however, she is accepted, either with one year or all the years of high school, she must be received quite young. The result is that

we are receiving a great many young girls who are altogether too immature to care for patients, and we are rejecting women who were compelled, after leaving the grammar school, to go out into the world to support themselves or dependent members of their families. We forget that those years in business matured them and gave them an experience that one year in high school could never give. The charge that they would lower the social standing of the profession is too unworthy to be mentioned, as well as an insult to hosts of women who are now rendering efficient service as nurses, and yet never entered a high school. Under the present one-year rule, we have lost largely this class of women, which were at one time available. Education is immensely desirable, but the nursing spirit and maturity more.

If the State should let each hospital settle its own admission requirements for itself, and then classify hospitals accordingly, by this means it would improve without embarrassing the nursing of the State.

The attempted legislation at Albany last winter, if successful, would have wrought great injury to the nursing profession, as well as to the hospitals. The nurse leaders were willing to admit into competition with well-trained nurses a host of women whose training was far below proper standards; all for the sake of having legal limitations placed upon the word "nurse."

They were also anxious to have registration of nurses and hospitals made compulsory, which would greatly embarrass many hospitals, and a host of worthy women.

While this law was recommended by the standing committee, it was amended so thoroughly by the Senate that its friends could hardly recognize it. It was finally put out of commission by the rules committee. It will probably appear again, and if in the old form, very likely will receive no better treatment.

There was no time throughout the discus-

sion when the committees, which represented practically all the hospitals and all the medical associations in Greater New York, would not have sat down with the nurses and tried to agree upon a just and equitable bill for the opposition which the committee presented was not of their liking but of necessity, but those backing the bill would give no quarters; it was all or nothing—and at Albany it was nothing.

As one looks over the nursing field and reads the reports from the nursing conventions, he is firmly convinced that militancy is in the air. The great questions are not the healing of the sick, nor the personal character of the nurse. No, they are substantially these: "How shall we secure more efficient legislation? How can we evolve the training school into an independent organization?"

In the midst of this confusion two great movements stand out in bold relief, which have for their object the welfare of the masses. One of the movements has for its object the highest possible education of *all nurses*.

While in some States the standard has been raised, so that applicants must hold a high school diploma; and other States have a one or two years in high school requirement, thus raising the standard of a few. A committee appointed a year ago by the American Hospital Association, and continued another year, for further work, is preparing a plan to raise the standard of nursing all along the line.

Following the lead of our public schools, it has proposed three grades: Grade *A*, for the full-fledged graduate, who has met all the requirements of State and hospital.

Grade *B*, which has had at least one year of theoretical work, and

Grade *C*, which has had some of the preliminary work of Grade *B*.

Thus the nurse who had completed Grade *C* could, if she wished, and had the time, continue the work of Grade *B*; and the nurse

in Grade *B*, if she found time, and had ambition, might go on with her work, and master Grade *A*, and graduate.

In our school at this moment is a girl who graduated in the Young Women's Christian Association course, and having got a taste wanted more, and has now taken up the regular course with us.

Thus the plan is intended to improve all grades of nurses. It is quite possible that this scheme may be improved. Personally, I should put a premium upon a high school diploma by granting registration without an examination, save in practical subjects, to all who held such diplomas.

Very much to the same purpose was the report of Miss Mary E. Gladwin, at the sixteenth annual convention of the American Nurses' Association, which was held at Atlantic City last June. She said that "Registration would never be a success, and would never attain the end desired, until all classes of women who are in any way concerned with the nursing of the sick are registered; and that we should register not only the nurse, but the practical and experienced women who are doing nursing."

A little later in the meeting Miss McIsaac said: "Miss Gladwin made one point in her report which I think was not exactly clear to some of the delegates; that was the recommendation about registration of various grades of nurses. As she stated it, it might be interpreted as recommending the same registration for all grades of nurses. I am sure that it is not what she intended to say."

To this Miss Gladwin replied, amplifying and re-emphasizing her previous statement. She said: "We feel very strongly that every one who has anything to do with the nursing of the sick should be registered, and that they be registered in classes. We feel that there is a place for a woman who calls herself an attendant, a practical or an experienced nurse, and that she should be helped

and protected in every way, and should be supervised. And we feel that the distinction between the nurse and the experienced woman, or the practical nurse who takes care of the sick, can best be made and best be maintained if we register all classes of women."

Now this report of Miss Gladwin is along the same lines as the report which was submitted to the American Hospital Association. There is this difference, however. Miss Gladwin did not attempt to outline an exhaustive plan, but simply emphasized the necessity of recognizing the different grades of nurses.

The American Hospital Association report undertakes to work out a feasible plan.

The other movement to which I referred is that which has for its object to provide nursing care for the sick poor, and those in moderate circumstances.

We have all talked about this. In our American Hospital Association we have discussed it, and so have the nurses in their gatherings. All sorts of plans have been suggested. We have overworked what has been called the "book of resolutions," and neglected the "book of acts."

Nurses have been criticized unjustly, it seems to me, because following the example of the doctors, they don't do more free work. To which a very just reply has been made—that no comparison can be instituted between them at this point. The doctor makes a score of calls, and collects from most of them. He doesn't surrender the entire day to charitable work, which the nurse, in all probability, would have to do, if rendering any free service at all in a family, and of course she cannot afford to do that; and for any one to insist that she should be being generous with some one else's money, for time is money. The thing that is most open to criticism is the trades-union spirit, by which her price is standardized. The charge of trades-unionism has been resented with great heat in the past, but its severest criti-

cism and strongest defense have come from the nursing ranks.

No one will question the high standing and authority of Miss Sophia Palmer, the editor of the *American Journal of Nursing*. Here is an excerpt from an editorial in the *Journal* a few years ago. She says: "The rich are provided for in times of illness, because they can pay; the poor are provided for because some one pays for them; but the well-to-do mechanic and the families of small salaried clerks and professional men must get along with either no nursing at all, except what can be done by members of the family, or be cared for by untrained women."

And again: "So long as the great nursing body leaves the well-to-do middle class unprovided for, we must expect the short course schools to continue to flourish, and criticism either of the people who organize such school, or the physicians who employ such nurses, or the patients who must be satisfied with such service, is useless and inconsistent. *The evil which is at the bottom of this situation is in the fixed, arbitrary trades-union rate of charge.*"

She further says in the same article: "While the great nursing body provides service only for the rich who can pay and the poor who are paid for, we have little claim to call ourselves a profession, for with the profession goes the obligation of service to others first, and money must be a secondary consideration."

The sound common sense of this editorial in attacking the trades-union spirit, and the standardized salary, is commendable, for it would seem that a nurse might take into consideration the condition of patients as well as their circumstances, for some cases are less taxing than others. They often mean a time of convalescence, or of travel and recreation; while others wear a woman down physically, nervously and mentally.

But I am afraid that this editorial does not represent the position of the nurse leaders of today, for we find Miss Lavinia L.

Dock at the Atlantic City convention making this statement:

"As to wages, our conscience is clear. We know that we must not *undersell*; *that this is treachery to fellow-workers*, and helps to drag down even remote classes of such. *Be it frankly admitted that this is a fundamental principle of unionism, and a most necessary and indispensable one*, so long as we have our present social system."

Now it is evident from all this that Miss Palmer was right in anticipating the coming trades-union, with trades-union prices, a fact which has been confirmed by Miss Dock.

This evolution of nursing affairs demonstrates clearly that the philanthropists who would help their brothers in distress should no longer depend upon the resolutions of a philanthropic kind voted in a convention of nurses, or in the American Hospital Association, or anywhere else; but should proceed to lay their own plans for the work they desire to do.

That, as I understand it, is what the Thomas Thompson Trust is trying to do. It looks out upon the field, and sees that graduate nurses do not feel that they can afford to cut their price to meet the needs of the great middle class, which in turn cannot afford to hire a graduate nurse at standard prices.

I could wish that this plan went further, so that it would look after not only those who could pay for what they receive, but the poor who can pay nothing.

But I must not press this criticism too far, for I claim that if men found a hospital primarily for the care of the sick, it is indelicate, at least, to try to change the purpose of that foundation. So we should not criticize the Thomas Thompson Trust for not going further. They have a well-defined purpose in view; and as they fully realize it, which we earnestly hope they may, they will be a great blessing to multitudes whose burdens and embarrassments will be greatly lightened.

The Inadequate Provision for Medical Service to Those of Limited Means*

JOHN K. HOWARD

THE trustees of a hospital in a small town, recently set out to answer the following questions: Shall we enlarge this hospital, leave it as it is, or reduce it to one or two emergency beds and send the nurse into the homes to nurse? They made inquiries in this country and abroad, to discover if anywhere there had been worked out a standard for the care of the sick of a community. No such standard was found to exist. Standards for hospitals, standards for nursing organizations there were, but none whereby a community might guide itself in the development of the different forms of service necessary to provide a complete system for the care of the sick.

The fact is, hospitals, dispensaries, nursing organizations, etc., everywhere, have grown in a most haphazard manner, depending, not only for their establishment, but for their growth, more upon the whim of special pleaders and benefactors than upon the well-considered need of the community.

In the large cities this had not attracted much attention, because no form of organized care for the sick has yet reached the stage of over-supply, and the question of priority of need has been lost sight of in the struggle to build up institutions, established to meet an obvious need and evidently not yet completely meeting that need. When it comes to the smaller cities and towns, however, the problem immediately takes on importance. Every town of whatever size needs provision for nursing in the homes, and every town of whatever size needs provision for hospital care; but how small a town can provide either, and what those too small are to do; which should come first and

in what proportion the two should be developed—are problems upon which there is but scant light. Even the question of how large a proposed hospital shall be, when approached by our leading advisors, is determined, after a superficial study of the industries and population of a city, by the number of hospital beds per thousand of population in other cities and the average use of such beds, completely overlooking the fact that no sound principle has guided other cities and that half the patients cared for in hospitals might have been just as well cared for at home.

Your Committee believes that a standard by which to test the present adequacy of medical service and to guide its future development is a vital need. There is but one way to know whether the sick—all the sick—are receiving adequate treatment. Every family, where there has been sickness, must be visited to learn what the nature of the sickness was and what the resources (financial and human) were with which to care for the patient and home, to discover what care each actually received, in hospital, home or elsewhere; whether it was adequate, and if not why not; and to determine what the ideal provision for the care of the sick in each family would have been. By such a study, and only by such a study, can the social proofs of medical service be accurate. By many such studies, in many communities, standards of medical service can be established, for different types and sizes of communities.

It is with the thought of such basic studies in mind that your Committee has chosen for the only other paper on our program an account of what appears to be the first fundamental study of the facts concern-

* A part of the report of the Committee on Medical-Social Service for people of moderate means. Presented at Massachusetts State Conference of Charities.

ing the care of the sick in a given community.

In the absence of accurate knowledge and standards of existing medical service, your Committee went over the field to search out some of the grosser discrepancies. There was almost unanimous agreement that the most glaring lack lay in the provision for the care of the sick of moderate or limited means. The rich have their high-priced hospitals and sanitariums, and the poor their free ones; the rich their skilled private nurses, and the poor the district nurses; the rich their expert physicians and specialists, and the poor the same men, gratis, in hospitals and dispensaries; but how about the independent family of moderate means? They must either undertake a staggering debt, or else use the free service which they shrink from and which was not intended for them. The truth of the matter is, the organized medical service existing today, whether hospitals, dispensaries or nursing organizations, was established for the poor, while the people of moderate means, not furnishing an attractive source of income for such institutions and not appearing to need and not wanting charity, have been left to shift for themselves. Yet this class form the great bulk of our population, and from them ultimately come many of the recruits for the free medical service, "moderate means" gone, health broken, independent spirit weakened, and chiefly because proper medical service at reasonable prices was not available at the right time.

Taking up in order some of the inadequacies already alluded to, let us consider first:

Hospitals—This is perhaps the simplest problem presented, needing but a slight adjustment in existing hospital construction and management to provide for those who cannot afford a private room, yet dislike to accept charity. Some hospitals have already faced the need. To quote from one report: "To meet the requirement of this particular class, we provide forty-seven

semi-private beds in our private buildings; seventeen of these are in beautiful semi-private wards, one with eight, one with five and one with four beds. The rate for these beds is below the actual cost to the hospital. Physicians are expected to recommend for admission to these beds only those in moderate circumstances, and to charge only a nominal fee. The rates for the other semi-private rooms, which contain two or three beds, just about cover the actual cost. When payments are made in advance, the rate is \$20 per week. These beds are not intended for patients whose circumstances will permit them to occupy a room with a single bed and pay the physician his regular fee." Such a practice is obviously fairer, not only to the person who can pay something, but to the hospital and to the physician.

The second lack we wish to emphasize is the frequent failure of the person of moderate means to obtain sound medical advice. This failure is due, first of all, to the astounding ignorance of the public. When it comes to bodily ills, people seem to believe anything anybody will tell them, especially if it is in print. Patent medicines and quackery continue to flourish and opticians successfully pose as oculists. "Running after strange gods" is certainly one great cause of what appears to be poor medical service. If people could be taught to seek regular medical advice more promptly and more often, much misfortune would be avoided. There are intelligent, conscientious physicians enough to go around, and their fees are within the means of the persons under consideration. Yet even among the regular practitioners there are to be found men of inadequate knowledge and low professional standards. Such men would find it difficult to survive the publicity of life in the open country, and the picture we all have of "the country doctor" is a true one. But such is the credulity of human intelligence that even here, where

every act and consequence is public property; such men are occasionally found. As for the city, every district nurse and every medical-social worker becomes familiar with the ignorance, mercenariness and dishonesty of a certain few, but all too many doctors. One member of your Committee says that "the greatest usefulness of a visiting nurse is in the care she is able to give the patients of ignorant or unprincipled men." Think of the thousands of patients who have not this guardian angel standing by! The investigations of the Commission for the Blind and the Women's Municipal League, reports of which are quoted in the transactions of the American Association for the Study and Prevention of Infant Mortality and elsewhere, show clearly the disastrous effects of poor practitioners. Many of the human wrecks come under the notice of physicians attending hospitals, out-patient departments and dispensaries, while district physicians, as well as district nurses, see many of the tragedies in process.

How is it that such men are admitted to practice? Suppose we let the board that determines who shall practice medicine in Massachusetts answer the question. The Board of Registration in Medicine, in its report for the year ending December 31, 1912, page 8, reads as follows: "On payment of the required fee, and filing an application in due form, any person of good moral character, irrespective of his preliminary education or medical training, may be admitted to any of the board examinations which are necessarily limited to two or three days in the classroom, consisting largely of written work. It is possible, therefore, for persons with little real medical knowledge, who have not pursued even a partial course of study in a reputable medical school, who have had no clinical instruction, who know nothing of laboratory demonstrations, and who have had no practical hospital experience, to succeed in fulfilling the requirements of the registration law by aid of careful coaching

and by memorizing medical compends. In the other States, with only two or three exceptions, board examinations are only to graduates of reputable schools of medicine. Such limitation is of very great importance, if the public desires to protect itself against poorly educated practitioners. The sole object of medical practice legislation in this and in the other States, is the protection of the public against unsafe practitioners. Such laws do not specially benefit the individual members of the profession. The amount of protection derived by the public depends in a large degree upon the terms of the law outlining the duties of the board having it in hand to administer. It follows, therefore, as a logical sequence, that if Massachusetts covets the reputation of aiming to uphold high standards in its medical schools and in the medical profession, and thereby to safeguard the public against inadequately educated practitioners and the evils of charlatanry, the laws of the Commonwealth relating to the practice of medicine should enable the Board of Registration to conduct its examinations along lines approved by the educator and the examiner."

One vital step needed, then, is legislation requiring that only graduates of reputable medical schools shall be admitted to board examinations, and requiring further that such examinations shall go further than most medical school examinations in testing the actual fitness of candidates to practice. The board reports "that all attempts to secure alteration in the law have failed through adverse action, either by legislative committees or by the House of Representatives on favorable committee reports." Physicians, organizations for the care of the sick, and social workers generally should make concerted effort to locate this opposition and to see that their representatives are thoroughly informed of the situation, the need of action and the public benefit to result.

In addition to raising the standard for

admittance to practice, your Committee believes that there ought to be some sort of control of those practicing. Correspondence with the secretary of the Board of Registration shows that the only recourse in cases of ignorant or willful malpractice is to the courts of law, and that the board can act only after a doctor has been convicted of a crime. A civil suit of damages is beyond the courage or desire of most injured persons.

If the physician is a member of the Massachusetts Medical Society, that Society will investigate; but ought there not be a public board to receive, investigate and act upon reports of ignorant and dishonest practices? Whether the Board of Registration, as at present constituted, is fitted for these more aggressive duties, or whether they should be committed to the State Board of Health is a pertinent subject of inquiry. Surely the public health needs and deserves a protector whose authority is respected and feared.

Modern medical science more and more demands the services of specialists to secure efficient diagnosis and treatment. The day of the general practitioner has not passed and will not pass, but the general practitioner must depend more and more upon the specialist, and the better trained and the more conscientious the practitioner is the more he will so depend. Furthermore, the highly trained general practitioner, even in the large city, cannot usually be employed by persons of limited means as fully as these persons need his services. They call him in only in emergencies, and the function of the physician in preventing disease can hardly be fulfilled at all. The need of specialists' services, not only for surgical operations,

but for diagnosis in difficult cases, and for the whole great group of children's diseases, in which a pediatrician is needed to give the child the best chance for future health—this need cannot be met by any resources at present available for persons who are above the poverty line but of limited means.

The establishment of a dispensary, supported by the fees received from patients and paying salaries to its physicians as compensation for the time which they give, is a means for meeting this need which should be very seriously considered. The dispensary method is simply that of organizing medical and surgical services on the principle of specialization of labor. The technique of this organization has been worked out to a considerable degree in a number of existing dispensaries and out-patient departments in this country, but all their service has been rendered—or has been supposed to be rendered—as a charity to the poor. A first-class dispensary can render a kind of medical service which in most cases is equal, and in many cases is far superior, to that which can be obtained in private practice today, except by those persons who are wealthy enough to pay not only for a skilled practitioner but for the needed consultations by specialists. The same methods of organization as have been used to help the sick poor should be applied to rendering service to those of limited means, and if attempted in the right way, dispensaries with this aim could be made self-supporting. It would doubtless be necessary as with any new enterprise, to secure guarantee funds for the initial equipment and the fixed charges during the opening period.

(To be continued)

Conservation—The Waste of Human Energy in Hospitals

MINNIE GOODNOW, R.N.

ARTICLE II

WE HAVE planned the size of our ward units rather carefully, have seen that our head nurses shall not be idle, that our night nurses shall not be too busy, that our maids shall not be under or overworked, have thus arrived at the proper number of persons who are to be accommodated in each part of the building. We must now consider an even more important subject, that of arrangement. This is the chief point emphasized by the "system" experts, and which all who seek for efficiency insist upon, correct arrangement or plan whereby work may be done most quickly and with the least expenditure of energy. In a hospital this means saving the wages of one or more servants, and that the same force of nurses may take better and more satisfactory care of the patients. And in the hospital proper, the ward unit, the whole subject hinges almost entirely upon the location of the so-called utilities.

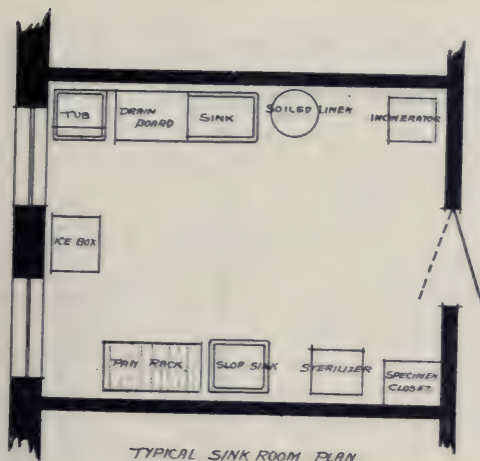
Two fundamental principles may be set forth. First, that *the most used rooms and apparatus shall be nearest* the place where they are to be used, viz., the patients; second, that there be no confusion, but that *all paths shall be direct ones*.

Unquestionably the most-used utilities are the sink or hopper room and the serving kitchen. Look for your nurses at any given time, and you will find at least half of them just coming from or going to or in the sink room. They are preparing douches and enemata or clearing up after them, are getting ready to give baths, are emptying pans or urinals, are bringing in soiled linen, dressings or other waste; are filling hot water or ice bags, are making up solutions and steril-

izing instruments or apparatus. The door swings constantly, every fixture is in continuous use. If all this work is to be quickly done, the arrangement and location of this room must be carefully worked out. It must be located near to the patients whom it is to serve, but just far enough away to avoid disturbing them. It must be of such a shape that a number of people can work comfortably therein, never an L shape or approaching a triangle. It must be well lighted, for one cannot work quickly nor well in a dim light. Every fixture must be easily accessible, every appliance where you can lay your hand on it. We should certainly not follow the old-fashioned practice of putting slop sinks or bed-pan racks in closets, as it doubles labor and tends to uncleanness.

For the internal arrangement, put the pan rack next the hopper, not across the room; place the work table next the solution bottles; hang the ice caps near the ice chest; the hot water bags near the hot water faucet; see that the soiled linen receptacle is not too far from the door—and so on. Keep the most-used articles out of corners, reserving these for specimen closet, wash tray, incinerator or fixtures which are in use only a few times each day. Proportion the size of the room to the number of patients it is to serve, and if it is in a private room section, add several square feet of space to accommodate special nurses.

Search for the next busiest place, and you discover the serving kitchen. Regular meals are served but three times a day, but half the patients on any given day do not get regular meals. There are liquid diets every two hours or when the patient is awake. There



is tea or albumen water or plain hot water from the teakettle p.r.n. for the freshly operated case. There are lunches between meals for the light diet patient. There are sometimes lunches between meals for a hungry nurse. While at actual meal hours nearly every nurse on duty has an errand there, if not to get a tray, with a message about a tray. All this makes the room congested, so that space and good arrangement must be provided. A nearly square room is best, never a narrow one.

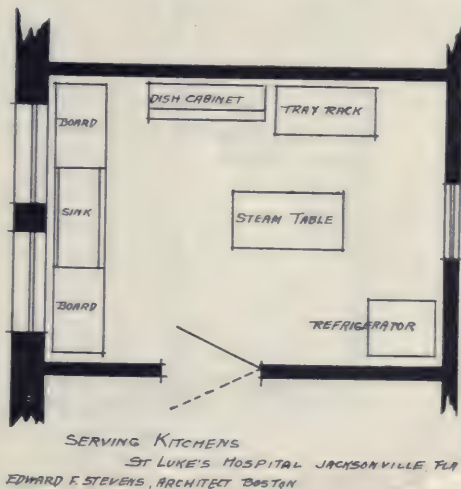
In planning the equipment, see that each piece is next the one which it most concerns. The plan given herewith is a good illustration. Follow the trail of work. The soiled dishes come in, are deposited on the drain-board at the left of the sink, are washed, drained on the right-hand board (the natural way of working), put away in the cupboard which stands next it, or transferred to the moveable tray rack a little farther on. For serving, the steam table is on one hand and the refrigerator on the other, while the tray rack may be moved to any convenient position. In a larger room it would have been convenient to place the steam table in the center, so that two might serve at once from it. With some such arrangement as this, the work can be gotten through with very quickly; when if one must go back and forth across the room to get articles which

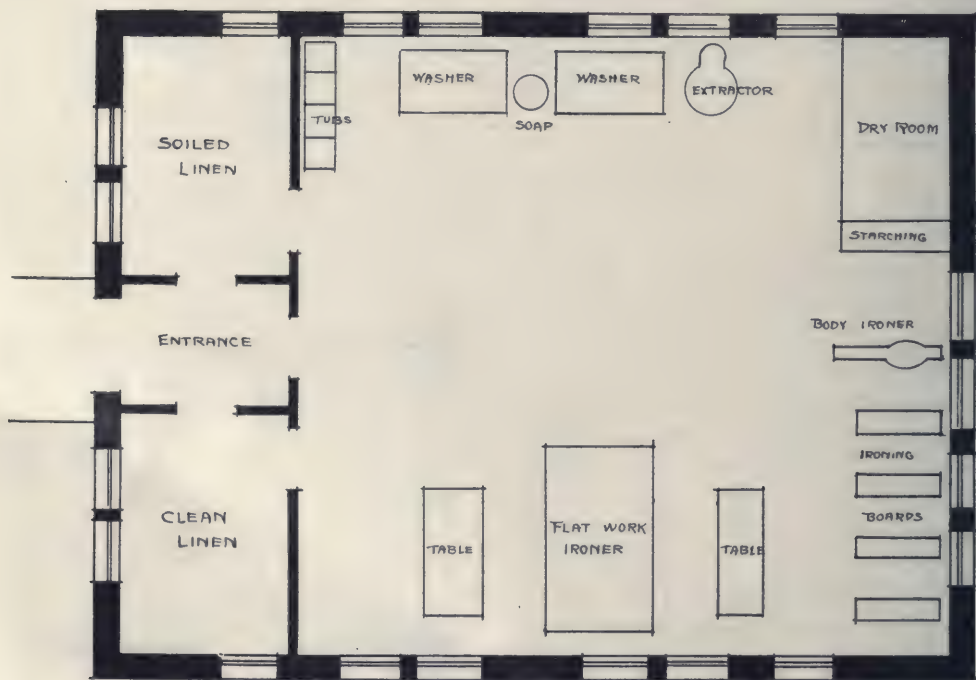
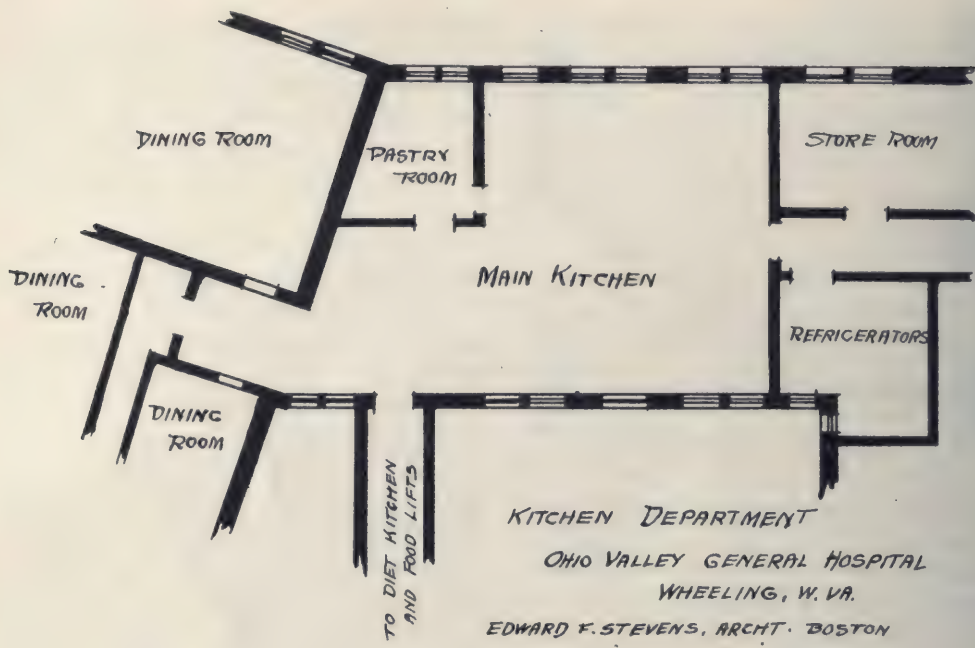
belong together, one accomplishes much less.

If the serving kitchen has a window overlooking the nurses' station, so that the head nurse may see what is going on there, it will aid in maintaining discipline and in expediting the work.

Going back to the patients, we find in a ward of any size one or more delirious, dying, disturbing patients of some sort. Such patients annoy and depress the others and are in turn disturbed by them. There should be isolation or quiet rooms for such cases, and these should be situated near the utilities and not far from the nurses' station, thus affording relief in the extra work involved and proper supervision, especially from the head nurse and the night nurse.

A surgical dressing room is needed for every large surgical ward or for each two or three smaller ones. This not only saves the other patients' nerves (which in some cases means quicker recovery), but saves time for both doctors and nurses. If you doubt the time-saving feature, watch any nurse and doctor preparing for and finishing a dressing for a private-room patient. Count the number of trips back and forth which are made by the nurse, and add up the time she spends thus. Time the doctor as he puts his coat in one place, washes his hands in another,





TYPICAL PLAN OF
LAUNDRY

waits while an instrument or an application which he has suddenly decided to use is got from some remote corner, goes to wash again, goes to another place to write an order, etc. Contrast this with a well-ordered dressing room, where neither doctor nor nurse need do more than take a few steps or turn around for anything which may be required.

All these details have much to do with efficiency. The day has passed when one can afford to cling to antiquated methods. You would not think of compelling your maid to bring water for cooking from a distance; you supply her with a faucet at her elbow. Why should we continue to plan our hospitals after the models of fifty years ago, when we have long since abandoned these things in our homes? Why should we train our nurses to work in wasteful and laborious ways? We may permit our nurses to be self-sacrificing in other ways than by walking unnecessary miles or taking twice the requisite time for a piece of work.

With the more mechanical work of servants, the proposition becomes even clearer. If work and apparatus be planned so that the easiest way is the best way, the good results are at once obvious. On the other hand, if inconveniences are persistently maintained, one will always find inefficiency and ill-temper unaccountably rampant.

Kitchens and laundries illustrate the principles of correct arrangement rather forcibly. The principles are simple, and if kept in mind, are not too difficult to work out. The main points are that *work and supplies shall go always forward*, never back, and that *trails shall not be crisscross, but continuous*.

In an institution, kitchen supplies should enter at one end of the room, be prepared at that end, be cooked in the center, and be served from the opposite end. This service should include everything—milk, water, coffee, desserts hot and cold, etc., as well as

the main part of the meal. The cook should not need to go across the room for utensils nor supplies, and the service of the finished product should be as direct as possible.

In the laundry a similar routine should be followed. The work should go always forward, from one machine to the next, never even a few steps back. Its path should be continuous, branching if necessary, but never crossing. If there is but one entrance to the laundry, the soiled linen may come in here, turn to one side (it matters not whether to right or left), be sorted into wheeled trucks, which are taken further on to the washers. Still further, perhaps at the end of the building opposite the entrance, are the extractors. From this point the goods may turn, part going to the starching table and the dry room, thence to the hand-ironing boards or the body ironers, part by a shorter cut to the flat-work ironer. From both hand ironers and machines the work finds a direct path to the clean sorting room, which is opposite where the soiled linen entered. The plan shown illustrates the principles involved.

A study of hotel and restaurant kitchens and of commercial laundries is very illuminating. These places depend upon efficiency for their very existence, and this efficiency may mean no more than cutting each employee's duties a trifle, getting one-half hour's work per day out of each, doing it merely by arrangement and organization. An institution can well study the methods of the commercial world, and may, in consequence, as the good business man does, take success out of the teeth of failure. It is certainly worth while for us to discover whether the arrangement of our ward buildings, of our kitchens and of our laundries may not be the thing which is causing our annual deficits. It is certainly our business to investigate and experiment enough to eliminate our sources of inefficiency.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

IV. PRACTICAL PROBLEMS

(Continued)

4. DYSPNEA AND ITS TREATMENT

DYSPNEA, or difficulty in breathing, resulting from imperfect oxygenation of the blood, is one of the most common symptoms in heart disorders, and may be seen in every degree of severity, from slight breathlessness on exertion to continuous labored breathing, which prevents the patient from lying down, or the paroxysmal attacks, usually occurring at night, known as *cardiac asthma*. These paroxysms are not the result of a true asthma, or spasm of the bronchial muscles, but are due entirely to the cardiac disorder.

In its severer forms, dyspnea is a most distressing symptom, demanding the use of all possible measures for its alleviation. Aside from the use of drugs, placing the patient in the position in which he breathes most easily will do more for his comfort than anything else. If a bed rest can be obtained it will be of great assistance; it should, if possible, have lateral projections, to prevent the head falling to one side when the patient drops asleep. A straight-backed chair is often used as a substitute for a bed rest, placed in such a position that the back makes a long, slanting surface, which can be piled with pillows. If pillows alone are used to support the patient, a generous supply will be needed. In propping up a patient in bed, a pillow placed on either side of him to serve as a support for the arms, which are apt to drop down in an uncomfortable and fatiguing manner when he is in an upright position, will be much appreciated. A device for the prevention of slipping down in bed, especially useful in the case of children, is a folded sheet, against which the

feet can be pressed, secured to the head of the bed by bandages.

The ordinary upright or half-reclining position may not always, however, prove the most comfortable one for the dyspneic patient; he may find more comfort from leaning well forward. A "cardiac leaning table" has been shown in recent exhibits of hospital equipment, but such an article would seldom if ever be available in private practice, and an ordinary bedside table with support on one side, raised as high as possible and supplemented with a pillow or two, can be made to answer something of the same purpose. A head band fitting the forehead and suspended from the ceiling, has given comfort in some cases, allowing the patient to get more sleep than he otherwise could. The patient may obtain relief from being out of bed, sitting in a chair with his arms on a table and his head resting upon them. A plentiful supply of fresh air is needed by patients suffering from dyspnea, and they are often more comfortable when sitting or lying close to an open window. In very bad cases it may be necessary to fan the patient continuously.

With regard to drugs, the quickly diffusible heart stimulants, such as alcohol and ether, are usually ordered. Inhalations of oxygen sometimes prove useful. In bad cases morphia may be the only remedy that will relieve the patient.

5. PALPITATION AND ITS TREATMENT

Palpitation, or a beating of the heart which is felt by the patient as an unpleasant or distressing sensation, is a symptom of very common occurrence, but one seen less

frequently in cases of organic heart disease than in nervous disorders, anemic states, and conditions of debility. The pulse rate may or may not be increased, and irregularity or intermittency may or may not be present. The condition is apt to be alarming to the patient, and there may be great anxiety and marked nervous symptoms.

Patients who are liable to attacks of palpitation should avoid nervous excitement and worry, over-distention of the stomach, constipation, over-use of tobacco, coffee and tea, sexual excesses, and over-exertion of any sort.

Assurance that the attacks are not dangerous will do much both to reduce their frequency and to decrease their severity when they occur. At the onset of a paroxysm, the patient should be placed in a recumbent or semi-recumbent position, with the head and shoulders raised, if there is difficulty in breathing, and plenty of fresh air should be given him. The most effective way of quieting the excited action of the heart is by the application of an ice bag or cloths wrung out of cold water to the precordium, but if there is a tendency to heart weakness this is a measure to be used with caution, and only by a physician's order. Drinking cold water or holding pieces of ice in the mouth produces something of the same effect. Hot applications also are sometimes effective. The administration of the aromatic spirits of ammonia is often useful in steadying the heart action, and as an aid in expelling gas from the stomach. A twenty-grain dose of sodium bromid, alone or in combination with the ammonia, frequently acts well in cases where there is excessive nervousness. In very severe cases morphin may be necessary. It is said that occasionally an attack can be relieved at its onset by the simple expedient of drawing a few deep breaths. Counter-irritation in the precordial region is often an effective procedure.

6. TACHYCARDIA AND ITS TREATMENT

Paroxysmal tachycardia is the name given to attacks of greatly increased frequency of the pulse, and this symptom, like palpitation, although it may occur in organic disease of the heart, is also common in nervous affections and as a reflex in disorders of other organs. The pulse rate may reach 150, or even 200 or more. The patient may or may not be conscious of the rapid heart action, but there is apt to be a feeling of languor or exhaustion, and sometimes a sense of oppression or constriction is present.

The treatment is much the same as in an attack of palpitation. Rest and fresh air are of first importance. Some patients can cut short an attack by taking full, deep inspirations, or by "squeezing the arms and elbows into the sides, and at the same time forcibly compressing the abdomen." The application of cold to the precordium is often effective in cases where it is a safe procedure. The bromids, aromatic spirits of ammonia, Hoffman's anodyne, trional or, in extreme cases, morphin, may be ordered by the physician. The avoidance of every kind of strain or stress, and excesses of all kinds, with the observance of proper hygienic measures, will aid in the prevention of attacks.

7. INSOMNIA AND ITS TREATMENT

Insomnia is a frequent and sometimes very troublesome symptom in cases of disturbed or irregular circulation, and may be difficult to control. As rest of mind and body is especially necessary for the person whose heart is obliged to do extra work, every effort should be made to secure for him a sufficient amount of sleep, and this should be done as far as possible without the use of drugs, as the danger of forming a drug habit in chronic cases is one that must never be lost sight of. No sedatives or hypnotics should be allowed the patient without specific orders from the physician. The nurse has at her command, however, a large num-

ber of expedients which may be called into play as aids in securing natural sleep, and in many cases by their means the evil day of resort to sleep-producing drugs may be put off for a considerable time. There is little hope of avoiding it altogether.

An invalid's sleep may be greatly affected by his surroundings, his bodily comfort, his state of mind, the number of hours since he has taken food, and the manner in which he has spent the hours immediately before settling down for the night. Any one, well or ill, who is struggling with insomnia, should sleep alone, both for his own sake and for that of others. His bed should be thoroughly comfortable, his pillows hard or soft, as he may prefer, and, if the latter are arranged to raise his head and shoulders considerably, they should be so placed as to provide a long, slanting surface, which avoids a strain on the muscles of the neck and back. Too much bed covering, resulting in restlessness and discomfort, and too little, producing a chilliness which is inimical to sleep, are equally to be avoided. Plenty of fresh air in the room during the night is one of the greatest aids to sleep. Hot water bottles at the feet or about the abdomen, perhaps in conjunction with a bag of cold water at the head, help to draw the blood away from the brain. The eating of some light and easily digested food, as a glass of matled milk or plain milk, especially if hot, with a few crackers, accomplishes something of the same result. Such measures for inducing sleep as a warm tub or sponge bath at bedtime, an alcohol rub, massage of the spine or the use of the electric therapeutic lamp in the same locality, are not only efficacious in themselves, but have a strong suggestive effect upon the patient, who realizes that they have given relief in other cases. For it must be remembered that the dread of not sleeping is one of the most important factors in the production of wakeful nights.

If the time when the patient finds most

difficulty in sleeping is during the early morning hours, drinking a glass of hot malted or plain milk, which can be kept at the desired temperature for some hours by means of a thermos bottle, will often enable him to fall asleep again without difficulty.

Indulgence in coffee and sometimes even in tea at the evening meal should be avoided in insomnia, and the use of these beverages may have to be discontinued entirely.

The importance of the state of mind in which a person prepares for sleep cannot be over-estimated. Anger, worry, excitement and mental activity all act as preventives of sleep. Evening callers should not be allowed to visit a patient troubled with insomnia, and studying, writing, the reading of exciting fiction and too-absorbing card playing should all be forbidden during the hours immediately preceding retiring. Some quiet occupation, the reading of unexciting books, such as quiet stories, biographies, travel or poetry, or a game of solitaire or other simple diversion, should be planned for the evening hours and the patient should make his mind as passive as possible when he prepared for sleep. A patient known to the writer, who has a tendency to melancholia, and whose nights are frequently spent in fighting shadowy terrors, has for years made a practice of putting herself to sleep by telling herself stories, usually a serial of an unstimulating kind, continued from night to night. Deliberate relaxation of the body, beginning with the extremities, will often induce sleep before the process is completed. Direct auto-suggestion—taking the proper position for sleep, relaxing the muscles, emptying the mind of thought as far as is possible, and assuring oneself repeatedly that sleep is at hand, has so often brought rest to the writer that she has no hesitation in affirming the practicability and value of the procedure.

A large number of drugs are prescribed in the insomnia of heart disease when other measures fail and sleep must be secured for

the patient. Among those most commonly used are the bromids, valerian, paraldehyde, trional, sulphonal and veronal. In extreme cases, and especially in the terminal stages of disease, it may be necessary to resort to chloral or morphia.

8. DROPSY AND ITS TREATMENT

Dropsy, or edema, is the result of the exudation through the walls of the smaller blood vessels of the plasma, or fluid portion of the blood, which in certain embarrassed conditions of the circulation is unable to flow onward at its ordinary rate. The puffy, colorless swelling characteristic of the condition appears first about the most dependent parts of the body; the feet and ankles of those not confined to bed, and in bed patients across the sacrum. Swelling of feet and ankles at night, growing less by morning, may persist for years in some patients, and may not be of serious import.

A general dropsy, or anasarca, however, is associated with pronounced failure of the heart. Marked effusion into the peritoneal or pleural cavities (ascites and hydrothorax) seriously embarrasses the respiration, and may cause the patient great distress. The loose cellular tissue about the scrotum and penis sometimes becomes involved, causing them to become enormously swollen, to the extreme discomfort of the patient.

Edema of the legs is improved by the recumbent position, but when there is interference with the breathing by effusion into the serous cavities, the patient is unable to

lie down, and is often more comfortable when sitting in an easy chair than when in bed, even if well propped with pillows. The chief measure for relief is to secure active elimination by the bowels and kidneys, by means of hydragogue cathartics and diuretics, and, when the kidneys are not working properly, through the action of the skin. Patients with swollen legs who are able to get about often find the use of an elastic bandage, skillfully applied, a great comfort; and massage is useful in many cases. "Tapping," or incising the skin for the purpose of removing fluid, with the insertion of some kind of drain, is not a procedure likely to be delegated to the nurse, but in cases where the legs or genitals become greatly swollen she may be directed to relieve the pressure by means of deep pricks with a needle, which will often cause a free flow of serum and give the patient much comfort. This simple operation must, of course, be done with strict antiseptic precautions.

In giving drugs which accumulate in the system, such as digitalis, to dropsical patients from whom fluid has been removed, nurses should watch carefully for signs of overdosing. The reason for this is that some of the drug, instead of being eliminated from the body, is apt to remain in the excessive fluid in a state of suspension, and when the fluid is withdrawn it is suddenly set free in the system and absorbed, sometimes in quantities sufficient to produce injurious effects.

(To be continued)

The Unorthodox "Cure"

MABEL JACQUES

NOWADAYS amongst tuberculosis workers, both medical and layman, we hear a great deal about the "Cure." Every well-conducted sanatorium for the treatment of this disease have specified hours when the patients must be quiet and relaxed in their cure chairs.

It seems almost like rank heresy for one who for many years has been an active anti-tuberculosis worker, to even question that the "cure"—as it is generally interpreted—is not essential to every one who is afflicted with tuberculosis, but the writer is becoming more and more convinced that this strict rule, like every other strict rule, has exceptions, and that there are tuberculous patients to whom the regular "cure" hours mean more harm than good. The close study of several well-defined cases in comparison with a likewise particular study of those taking the "cure" in the orthodox manner, show that these conclusions have been reached after much consideration.

One case in particular seems of interest in discussing the unorthodox "cure" method of treating tuberculosis.

Miss G—, an extremely active woman, who for many years had applied herself enthusiastically to social work, and who, in doing so, had been dangerously exposed to tuberculosis, was found upon careful examination to be a moderately advanced case plus. She was emaciated, weak, anemic, coughing continually. For months past these symptoms had been steadily growing worse, and yet, enthusiasm in her work, the appreciation of her responsibility and her determination not to give up, kept her going until sheer exhaustion made the going no longer possible.

Having many friends among the medical profession, she quite naturally received a very great deal of advice, all of which, it is

needless to say, was practically along the same lines. This and that sanatorium were proposed to her. Hours of "cure" were prescribed. "Cure chairs" were sent to her, eggs by the crate, sick diet by the basketful. She hated them all. She didn't wish to get well, if getting well meant sitting in a cure chair all day. If she were not to be allowed to do her work, she must have something to do—something that she could be enthusiastic about. However the prospect for that something appeared to be very remote, but it came.

A very dear friend—who knew this particular patient well, better even than did her own family—swooped down upon her one day, despite all kinds of remonstrance, packed trunks and bags and whisked her off into the May sunshine, through city streets and country roads to the dearest of dear little cottages, one of a group that clustered along the shores of a beautiful lake.

Straightway the friend started in her own particular method of curing the patient, but, strange to say, the patient was not aware that any definite method was being adopted; in fact, she very quickly forgot that she was a patient to be cured.

Part of the day she lay in a steamer chair—not a "cure" chair—watching the little green leaves unfold or the robins and orioles building their nests. There is nothing more wonderful to watch than the green world coming to light in the early spring, putting life and hope into those who watch.

There were other things for our patient to do beside lying on the porch. There was a wonderful little garden, where insignificant seeds were planted, and there followed the watching and care of the tiny green sprouts, which came peeping through the dark, damp soil, growing afterwards to be thriving plants with gaily colored blossoms. There were

also some pleasant walks along the cool sands, and no end of talks with people who never discussed ailments but always things worth while.

There was plenty of good, nourishing food, not the eternal milk and egg diet, usually thought so essential to the treatment of the tuberculous, but three pleasing, enticing meals. Above all, there was contentment, happiness, and cheerful, bright surroundings.

No one ever referred to the patient's "condition." No one ever said, "Oh, don't do that, you're not strong enough." The patient, in fact, was a patient no longer, and so she got well. It wasn't accomplished in a month or even six months, remember. Summer flew by, and fall came, gorgeous of foliage, holding one's interest by its continual glory. Then the winter, with its hardships and its comforts, its sports and grandeur. But when once more the air was full of the songs of the summer birds and the bright green world again came to life, our patient was told that regarding her health, she had no cause for further anxiety; she was, in the vernacular of the sanatorium expert, "an apparent cure," and now, three years later, one would have to do a great deal of imagining to realize that she had ever had tuberculosis.

Another case of the unorthodox "cure" is that of a young stenographer, who was sent to a sanatorium as an incipient case, and who very quickly reached the "moderately advanced stage." "Why," every one asked, "is she going downhill so quickly?"

Did any one question themselves as to what the pathetic little figure was thinking about as she lay, day in and day out, in her cure chair, gazing out over the snow-capped hills?

There was one who, without asking, knew that in this girl's heart was a great sorrow that work alone could keep from weighing down and crushing to the ground. The one who knew had herself suffered

greatly and in a tactful way she brought about a change for the girl.

There was extra stenographic work to be done. "Would she do it?"

Would she? Were not her fingers already aching to touch the keys of a typewriter? And so she began. First there was a little work for her, then more, until finally there was a great deal—but by that time she was getting well, and the trouble that had seemed to her so great before seemed much smaller now that all day long she was occupied with the work she liked best.

Of course this girl did spend some hours in the cure chair, but they were no longer irksome to her, because knowing that so much of her time would be occupied with her work, she was glad of the opportunity to lie, snug and warm, in her chair.

At the bottom of all this unorthodox "cure" is the effect that such a life has upon the mental attitude of the patient; there is no time for the worrying and the fretting, that the "cure" hours, flat on one's back, are apt to court.

The greater number of people who have tuberculosis are either poor or of moderate means. Going away to a sanatorium usually creates a situation at home that is apt to give a patient a great deal to worry about. Low finances, sickness and disturbing letters are likely to keep patients in a constant state of mental disquiet. A peaceful yet fairly busy life produces almost invariably a mental attitude which is practically normal and which relieves the system of the extreme nervousness which worry is apt to create.

People suffering with tuberculosis are usually very nervous; if to this is added the nervousness brought on by constant worry, what outlook is there for the patient to do anything but progress from the incipient to the moderately advanced stage and from there to the far advanced?

The more one studies the situation the more one pauses to wonder if all the orthodox "cure"—the hours flat on one's back,

the milk and the eggs that one religiously or rebelliously takes, make up for the hours of worry and fretting and the nervous strain that one experiences while taking the "cure."

A wonder, too, has been growing in the writer's mind of late, as to what would happen if the routine of a sanatorium for incipient tuberculosis should be of this nature.

First of all let us take the setting—beautiful buildings, so built that the patients may sleep out-of-doors, regardless of stormy weather, tastefully furnished and comfortable. A regular hour for rising, regular hours for meals, good meals, substantial and attractive, but not elaborate. Patients divided into groups, engaged in certain dustless occupations that they find agreeable and, if possible, are already familiar with. In the place of a large staff of doctors and nurses let there be but a few, and to the staff

add skilled men and women, competent of instructing patients in the various lines of employment in which they are engaged. There should be an hour for rest and an hour for exercise once daily. Amusements of various kinds during the evening. Then, early to bed and, above everything else, a strong effort on the part of the management to interest each patient in some useful occupation, which will be congenial and of value to him in the future.

To the great army of anti-tuberculosis workers who are preaching, day in and day out, "rest, fresh air and nourishing food," this may appear to be a very glaring digression, but when, after years of hard work along certain lines, one fails to see the results hoped for, is it strange that after studying the situation well one wonders if the unorthodox "cure" might not perhaps bring about some more satisfactory results than those already obtained.

THE T. S. O. (TRAINING SCHOOL OFFICE)

When things are all going crooked
And the world looks mighty blue;
When it seems M.D.'s and patients
Have a special spite 'gainst you.
When the whole ward's running crosswise
And the nurses are *so* slow—
Don't *you* worry, just refer it
To the patient T. S. O.

When visitings come thick and fast,
Each saying he can't wait.
When the House starts in complaining
That the T P R's are late.
There's no reason you should worry,
What's the use of fussing so?
Just you go and tell your troubles
To the lazy T. S. O.

When the doctors won't write orders
And the patients beg for dope.
When the dust around the corners
Makes you loose each trace of hope;
When the instruments are rusty
And the stock of laundry low—
There's nothing holy but the gloves—
Just tell the T. S. O.

There is only one good reason
Why your ward is so upset,
And I'll whisper you the secret
If you haven't heard it yet.
It's because you need more nurses,
And if I were you I'd go
Where they keep a hundred extra—
Right out in the T. S. O.

N. CALKIN.

A Letter from Florence*

V. S. FIELD, R.N.

TEN years ago, when I was in Italy, I started off for a month's holiday to see some of the small hill-towns. Passing through Florence the vision of the Duoma and of Giottoi Tower burst upon me, tempting me to stop, and get at least a glimpse of the treasures of Florence. Better judgment prevailed and I went on to see Orvieto Siena, San Gimignano, Assissi and Perugia, less interesting but also less strenuous. But I thought to myself, Florence is on the beaten track, and in the dim future I hope to see it. So I left Wiesbaden with that object in view, stopping over the first night at Lucerne and the next at Milan, for night traveling in Italy is not desirable. Milan is so busy and enterprising that the street cars run all night and make more noise than they do in New York.

Often on short trips of this sort one's fellow travelers are of little interest, but this proved an exception, for the interest was varied. The first day I traveled with an elderly gentleman—I say gentleman advisedly—for that was written all over him, from the crown of his head to the sole of his foot. At first we talked only of getting fresh air into the compartment, but later it came out that he was a Hungarian, a distinguished linguist. To quote his own words: "I know something of all countries and all languages. Yes, I know your country too; it is very wonderful, but too big! My latest work has been in China, making a study of the language, which I have found more interesting than any." Japan he seemed to know by heart and spoke of it with an enthusiasm akin to that of Lafcadio Hearn, though he had not married a Japanese. I noticed he walked with two crutches and he confided to me, not without a touch of sadness, that his traveling days were over, for the year previous he had

fractured the articulation of the femur, and he was wedded to crutches for the remainder of his life, unless a successful operation could be performed. We parted at Basle and the thought came to me, with a mind like that one could accomplish much without legs. The following day there came dashing into the car a young and good-looking college boy that I should have been proud to claim as one of our very own, but his dress stamped him a European, in spite of the bull-dog toes of his shoes. My curiosity was piqued to discover his nationality. Mentally, I eliminated German, English and the Latin races. But shortly he broke the news to me by telling me all about himself: A young Hollander on his way to Genoa to sail the following day for Java, where he had been born twenty-two years before, and had been sent to Holland to be educated to prepare himself to manage a sugar plantation. He said in a very ingenuous way, "My education had to be the kind that would pay back." In reply to my question as to how long one could live in a hot climate like that of Java, he said, "It depends upon whether one is rich or poor."

"I am coming back in two years to bring my bride." This information about the bride was conveyed by a peculiar little gesture with a crook of the elbow, to hoodwink an old man in the corner who had not disclosed his linguistic gifts to us. This Dutch boy had at his tongue's end English, French and German, to say nothing of his own language, which, by the way, is rather pleasant to hear, not guttural, like the German. Another turn of the Kaleidoscope and my young man was out of sight, but not out of mind; for he left me something pleasant to think about. What more can one wish than to be a young man, well and strong, with life before him and well equipped for it? This

*Reprinted from Bellevue Alumnae Quarterly by request.

boy had charm which cannot be had for the asking.

The next morning at ten o'clock I was on the train, ready to finish the last stretch of the journey, and I found two young Dutch ladies, sisters, who, like me, were bound for Florence. They were very nice and we had a pleasant day together. We have met several times since and a postal card from them in Rome has just come. They seem to have our viewpoint more than other foreign women.

On my arrival I went by invitation to the Casa International, or Y. W. C. A., which I found housed in one of the old palaces, cold as the grave. I do not know what could heat them! And under the management of one of our country women, Miss Charlotte Niven, the daughter of a former clergyman at Dobbs Ferry. Miss Niven speaks Italian fluently and is a charming woman, a round peg in a round hole.

After two or three days I was comfortably settled in a pension with central heat, good plumbing, a fine Italian garden, but, best of all, a big sun parlor. About sixty people are housed under this roof, and several nationalities are represented—Greeks, Russians, Scandinavians, Dutch, Italians and, of course, English and Americans. Among these people is a young Russian mother with a sweet madonna face who has two little boys, cherubic specimens, who are sad, because they speak nothing but Russian and cannot make themselves understood. In their Cossack dress, consisting of bright scarlet leather boots, reaching to the knee, blue coats trimmed with gilt braid and running down to their heels and scarlet caps trimmed with lambs' wool, these children are pictures.

There is a German princess here with three nice-looking young daughters, who come into the dining-room, making a picture like Burne-Jones's "Golden Stairs." There is another lady here, an Italian countess, who is really aristocratic looking,

but she smokes like a chimney on fire and never speaks to any one. Just now there are some charming Italians here for the Easter holidays, young boys from boarding school. An Italian judge from Naples has been holding court here, and meanwhile has lived in this house with his family, consisting of his wife, several young daughters and a young son. After dinner every night they sit down and make a business of smoking. They manage the cigarette with a grace and skill worthy of something better.

Coming directly from Wiesbaden, where the haus-frau and the policeman are abroad in the land and everything so beautifully clean, it is a rude shock to find one's self in these little, narrow, dirty fifteenth century streets, where the mud is like putty and the skies are leaden. The spell of Italy is upon one, but it is a bad spell, in spite of all romantic and artistic interest. One feels thrown back in the dark ages and longs for something new. It takes time to absorb the atmosphere and properly enthuse, like the Brownings and others who have lived in Italy. A doctor in Venice, by birth an Englishman, said, after the love of Italy has crept into one's veins, there is no hope of leaving. Ten years ago an American doctor came to Florence to stay four days, and is still waiting for his steamer. Florence, unlike other cities, seems to belong to the whole world, rather than to any special country.

After a glance at the history of Florence, blood-soaked and torn by internal factions, to say nothing of the hordes of plunderers turned loose, one wonders that there is even a museum left. One thing will never cease to mystify—that is that during all this strife and bloodshed the tide of genius moved calmly on, accomplishing these marvels which are left for us to enjoy. The glory of Florence has been sung for centuries, and I leave it still for those to sing who can, and go on to browse a little myself. William Dean Howell says: "Fair Florence, a city so

beautiful that the great Emperor (Charles V) said she was fitting to be shown and seen only on holidays." Mrs. Browning says: "The most beautiful of cities, with the

that are fit to stand in the front row of great and shining lights, but they must wait. Let us, just as food for thought, bring to mind the fact that Lorenzo di Medici, known as



THE BIGALLO WHERE FOUNDLINGS WERE EXPOSED
TO THE PUBLIC

golden Arno, shot through the breast of her like an arrow and *non dolet*, all the same."

To speak of Florence without mention of Dante, Savonarola and the Medici family, is "Hamlet" with Hamlet left out. There are many other great families and individuals

"Lorenzo the Magnificent," died the same year that we acknowledge our debt to an Italian for the discovery of America. What more violent contrast does history afford than that of our phenomenal progress in material things, as compared with that of

Italy during the same period of time. Today in Naples one may see flocks of goats driven up-stairs in the different tenements to supply the families with milk, or tumblers are sometimes let down to the ground in little baskets to get milk for the day.

The shops are so alluring that taken together with tea rooms, some people find plenty of amusement without going further. The tea rooms afford a good place to study types, where they mostly congregate. One shop where they have fixed prices and very cheap ones, is reached by going over the Ponte Vecchio and turning down one of the very narrow streets, old and dingy. A carriage may be seen in front of what looks like a hole in the wall, or an old curiosity shop. But one enters a very narrow door to find two small rooms at the back, in which at least are twenty silversmiths, all hard at work. In the front are rude counters, where all sorts of jewelry is shown. Two members of the firm, in long workmen's frocks, are ready to wait upon customers. No middle-man there!

The fascinating little loggia shown in the photograph was built in the thirteenth century by one of the great artists of the time, and was used for the exhibition of foundlings, hoping to appeal either to the generosity or to the maternal instinct, or both, of the passer-by. But later years saw this custom pass, and its babies are now safely housed and well cared for in the Babies' Hospital, with the Della Robbia medallions. This was founded in 1421 and was designed by Brunelleschi. Lucas says: "The façade of the Spedale degli Innocenti, or Children's Hospital, when first seen by the visitor, evokes perhaps the quickest and happiest cry of recognition of all Florence, by reason of its row of Della Robbia babies, each in its blue circle, reproductions of which have gone all over the world."

Another philanthropic enterprise which had its origin six hundred years ago, and which continues to the present day, is the



DELLA ROBBIABABY

Society of the Misericordia. This society of men do the work of an ambulance, but their duties cover much more ground, for they nurse the sick and bury the dead. No Florentine is too grand to take his part, and the King is its president. Mrs. Oliphant, in "Makers of Florence," says: "This society had its beginning in the fine inspiration of a porter, by the name of Pietro Borsi, who thought of at once reforming the vices and employing the idle moments of his brother porters by a characteristic and appropriate charity. He persuaded them to fine each other for swearing—a mutual tax, half humorous and half pious, which pleased the rough fellows, then induced them to buy litters with the money collected, and to give his time, each in turn." Formerly the faces were always covered while passing along the public thoroughfares, but now one frequently sees the mask lifted. I saw a man the other day without his mask, and perspiration pouring down his face. No compensation is permitted for this service, not even food.

The children and, indeed, most of the people, both old and young, are in dire need of the orthopedic surgeon. It is pitiful to see people going through life so handicapped! Many who are not hunch-backed are very small—men and women no larger

than children of twelve years. This is due to poor food and lack of heat, no doubt.

Of the numerous bridges that span the Arno, the Trinity is a joy! Such beauty of arch that one asks why this has not served as a model for others? But the most interesting is the Ponte Vecchio, lined with shops on either side, like the Rialto in Venice. This bridge is very old and was first built of brick, but queer little additions have been put on, looking like barnacles and painted in a variety of colors—pink, green, several shades of blue and creams. The Italian love of color expresses itself in a weird kind of way, when it leads a cabby to paint the body of his carriage pale pink with a whip to match, and another man to paint his a kind of Alice blue, with the wheels white. Two peasants may be seen walking together, one

wearing a bright red coat and the other a burnt orange.

To quote a schoolboy's composition, the old palaces are too numerous to mention, but this fine old specimen, the Ferroni, is a type, and is now used, or a part of it, to house the American Express Company and French, Lemon & Co., Bankers. The old de Medici palace, now known as the Ricardi, was the home of the Medici family for more than a hundred years, but is now used as a public building. If walls could speak and tell their own tale, polite ears of today could not listen. Here Lorenzo was born and died, and Catharine lived here the first four years of her life. The Medici escutcheon is found everywhere in Florence. The "Medici Pills," as the French sneeringly called it, when they wished to humiliate Catherine de Medici, their queen.

OPEN-AIR SCHOOLS FOR HEALTHY CHILDREN

An interesting experiment was made last year in one of the public schools of Philadelphia in order to determine what advantage, if any, there was to the normal, not tuberculous or near-tuberculous, child in an open-air school life. Two rooms were selected having each about the same number of children of the same grade, and age of the same social standing, and living under similar home conditions. In one room the windows were kept widely opened, top and bottom, and the artificial heat was shut off except when the temperature fell below 50° F. The other room was ventilated and heated in the usual way and the windows were kept closed on most days. In the room with the open windows the children wore extra wraps and had frequent drills and exercises. Dr. Walter W. Roach, the

medical inspector, by whom the experiment was made (*American Journal of Public Health*, Vol. III, No. 2), found at the end of the school year that the pupils in the closed-window room had gained an average of one pound in weight, while those in the open-window room had gained two pounds. The latter kept wholly free from colds, were quicker to learn, more alert, needed less review work, were better behaved, and were more regular in attendance. The superiority of the children in this room was so noticeable, not only to the medical inspector but to the visiting school board, that the latter authorized the establishment of open-window classes in several other Philadelphia schools. It will be interesting to know the result of this second year's trial of the fresh air school for healthy children.

Directions for Living and Sleeping in the Open Air

CLARA P. GRIESBACH

SLEEPING BAGS—How to make a sleeping bag with the bed clothes: First, tuck all covers except the top blanket under the bed pad and then tuck the top blanket under the mattress. A woolen horse blanket with an outside of canvas can be used as a covering to protect the bedding in wet and stormy weather.

In very severe weather a sleeping bag may be used for patients who are very susceptible to the cold. These bags can be made at home by sewing blankets together around the edges, leaving the top open. In making a bag use as many layers as may be desired, but place the same number of thicknesses on both sides of the bag. The blanket should be 7 feet long by 4 feet wide.

Arrangement of Pillows in Outdoor Sleeping—Two pillows should be used in preparing the bed before retiring. Place them in the form of an inverted V, with the apex at the top of the bed and the head at the point where the two pillows meet. This position allows the shoulders to nestle between the pillows and protects them from the cold wind, which will otherwise find its way under the bedclothes when the patient lies on his side or turns over.

How to Prepare the Patient for the Night—In cold weather the outdoor sleeper should get into the bed in a warm room and have some one roll him out of doors. When this cannot be done, use a warm dressing-gown in going back and forth from the dressing room to the porch, and warm the bed by placing in it for a few minutes before retiring a hot-water bag, hot bricks, soapstones or bottles filled with hot water. In some instances it is well to leave a hot stone or bottle wrapped in flannel at one corner of the

bed, where it will throw off heat slowly during the night.

In tucking in the patient at night, all covers except the top blanket or comfort should be tucked in under the bed-pad which lies on the mattress. The topmost cover is then tucked under the mattress to keep the under covers from sliding off when the sleeper is restless. This method of tucking in forms a sort of sleeping bag with the bedclothes, known as the Klondyke bed, and prevents the cold air from reaching the body.

Clothing Worn at Night—The nightclothes worn by the outdoor sleeper during the winter depend largely upon the strength of the patient. Some persons need much more than others, but even the weakest can usually keep warm if they have blanket-sheets and hot bottles. A woolen undershirt, a sweater and a long outing flannel nightgown or bathrobe are usually worn, but in very cold weather some patients wear a pair of drawers made of flannel, a pair of bedsocks or knitted slippers and a woolen abdominal bandage.

How to Protect the Head from Draughts—The head of the bed should be shielded from the wind or a strong draught by placing it close to the protected end of the porch, or by covering it with a canvas hood supported on a barrel-hoop attached to the bedstead or hung by a rope from the ceiling. The patient can wear a knitted skull-cap, long enough to be pulled down to the end of the nose and over the ears, or a knitted helmet, which covers the whole of the head, face and neck, with the exception of a small opening for the nose and mouth. A hood, shaped like an old-fashioned sunbonnet, is very comfortable, and can be made at home from eiderdown or outing flannel, by using as

many thicknesses as may be needed. *Never cover the head with the bed clothing.* If the nose grows cold, use a small piece of flannel, held by elastic bands from the ears, to cover the top, or a piece of cotton, held in place by a strip of adhesive plaster. Care should be taken not to interfere with the inhaling of fresh air, or to allow the breath, as it is expelled from the nose or mouth, to come in contact with the cloth and form icicles. Chapping of the face during the night can be prevented by using cold cream or vaseline about the nose and lips.

Clothing for Day Use—The clothing for use during the day, when the patient is up or sitting in a reclining chair, should be of light weight but warm. Underclothes of half cotton and wool or linen mesh, and a sweater which buttons in front, with the ordinary outer clothes, are usually worn. The overcoat for men, women and children should be of fur if possible, as even the cheapest of skins are warmer than any other kind of garment. If a new coat cannot be bought, a heavy cloth overcoat will give good protection, and be much warmer if it has a high, soft collar. Leather leggings and woolen tights are used as extra garments, and are a great comfort when taking exercise on cold days.

How to Protect the Hands—Patients who wish to use their hands while sitting out of doors in cold weather can wear thin, well-fitting cotton gloves. These are used by Army men and can be bought for thirty cents a pair. Over them should be drawn a knitted woolen glove, with the ends of the fingers and thumb cut off and bound to prevent unraveling. For ordinary protection, when not at work, a heavy fur or woolen mitten should be worn, with long, woolen wristlets. Never use tight gloves of any kind in cold weather, as they restrict the circulation of the blood and cause the hands to grow cold.

How to Protect the Feet—Use woolen stockings and if they cause irritation, wear

a cotton stocking next to the skin. Sometimes two or more pairs of woolen stockings are necessary in very cold weather, but they must always be large enough to fit loosely. Felt shoes are warm and light, and are much used. Soft leather shoes covered by large fur-lined leather shoes are very warm and comfortable, but are expensive, as they must be made in a set, to order. Foot-muffs should be used in sitting out during a cold day. They are made of fur or of cotton quilts sewed up like a bag, into which the feet can be placed. On very cold days the muff can be placed in a wooden soap-box, with hot bricks beside it, and newspapers wrapped about the muff to fill in the space.

Chair for Day Use—An easy chair is a great comfort to the patient during the day. A steamer chair will give good service. This must be covered with some thick, closely woven, warm material; a fur rug is the best for this purpose, but several layers of blankets and newspaper will answer and are more economical.

How to Wrap a Patient in a Chair—The reclining chair is first overlaid with a rug or a comfortable, and double blankets extended their full length, leaving the free end on the floor.

How to Wrap a Patient in a Chair After Seated—Draw up the free ends of the blanket and tuck in at the sides. A steamer rug is placed over all.

Table for Work and Amusement Purposes—The patient should have a table handy on which to keep books and other things used for amusement or work. An adjustable table, the top of which the patient can swing before him or away, is a great convenience, and can be used as a book-rest when the hands are under cover.

The directions for the care of the patient are not intended in any way to take the place of a physician's orders. Every patient should consult a doctor, and these suggestions are given to help the nurse and patient carry out his directions.

Gleanings from Medical Literature

A Point in Infant Nursing

THE *Journal of the American Medical Association*, in a synopsis of a paper in a German pediatric journal, says: "In addition to the hygienic care and sufficient food, the infant needs a certain inner satisfaction that comes from harmony with his surroundings, and affection and understanding on the part of those who have the care of him." There are many nurses, of course, who have observed this fact, and who doubtless have realized more or less clearly that some infants, even under one year of age, are more easily excited or quieted, as the case may be, than others. But I wonder whether many nurses also realize that an infant's heredity and nationality is often clearly shown and should more often be taken into account. For example, my theory is that should an Italian and an English baby of equal physical strength, have the same disease with the same severity, the Italian would be more excited by the mother's visit than the English baby, the reason for this being the well-known racial difference between the Anglo-Saxon stolidity of temperament and the emotional excitement of the Latin races. Therefore, if it is best for the infant to lessen all excitement, it follows that the Italian baby will suffer more from the mother's visit than Little Miss England would. The inference is obvious.

In a hospital one cannot say Signora A must not see her baby at all, while Mrs. T can come and go at will; but I claim too many mothers and too many nurses think "all babies are alike," and that an insight and an understanding of this particular subject might prove of value to many. To a nurse, her patient is of primary importance, and if her patient's health or happiness is

jeopardized by the fondling or the mere presence of a parent, that parent, save in rare cases, should be tactfully excluded. To many this may sound harsh and unreasonable. "Just like a cold-blooded nurse who cannot understand a mother's tender heart," I can hear many a mother say. But the nurse is there to help cure that beloved baby, and "the understanding on the part of those who have the care of him" is what makes his surroundings happy or unhappy, as the case may be.

Remember, then, whether on a private case or in a hospital, that the nurse should always take fully into consideration the infant's nationality, which includes much of its emotional heredity. HILDA MILLER.



Puerperal Sepsis

In a paper on "Radical and Conservative Methods in Obstetrics," read before the Bronx Medical Association, Dr. George W. Kosmak, attending surgeon, Lying-In Hospital, New York, discusses as follows the conservative treatment of puerperal sepsis: "There is nothing which demands greater care and judgment than the proper handling of cases of puerperal infection. In the first place, we must be careful in attributing a rise of temperature during the puerperium to its proper source; the bowels, the breasts and other organs must be eliminated in every instance before referring this to the genital tract. An instance of infection during the puerperium is usually productive of much worry on the part of the attending physician, and in view of this he is very likely to resort to unnecessarily radical measures in its treatment. Nowhere is this better expressed than in the desire for mak-

ing an intrauterine examination, with the possible employment of intrauterine douches and I have repeatedly observed cases, both in private practice and in the hospital, where a patient's chances for a rapid recovery were very greatly invalidated by the institution of such radical methods of treatment. In our service at the Lying-In Hospital, where we naturally come in contact with a great many cases of puerperal sepsis which are sent in by outside physicians or midwives, we have had excellent results with a most conservative method of treatment, which I will briefly outline.

"A woman who develops a temperature which cannot be traced to any other source, who presents a profuse and foul lochia, or even a scant discharge, associated with distention, abdominal tenderness, headache, coated tongue and the other well-known symptoms of puerperal sepsis, is kept in bed, the head of which is elevated for the purpose of securing better drainage, both from the uterine canal and the vagina. The bowels are cleared out with a dose of castor oil or calomel and the patient put on liquid diet. In order to limit the absorption of septic material from the uterus, contractions of the latter are secured by the administration of small doses of ergot and the application of an ice coil in the lower abdomen. A cleansing vaginal douche is sometimes given, but no intrauterine manipulations are resorted to, except in the presence of some particular indication. For example, if an examination shows the presence of a sharply flexed-uterine canal that causes retention of the lochia, this may be dilated with the finger, in order to secure a better discharge of the secretions; but intrauterine douches and packing are not resorted to as a general rule. If lacerations or stitch abscesses are present, these, of course, are treated antiseptically. We have tried various sera, but with doubtful

success, and in following this conservative method of treating our puerperal septic cases have been singularly favored with good results. Later on, if pelvic exudates are present, the women are likewise treated along the same lines, no operative interference being resorted to unless distinct abscesses are present."



Ophthalmia Neonatorum

Prevent this disease by instilling into the eyes at birth two or three drops of a 1 per cent. solution of nitrate of silver. Many use a 2 per cent. solution. If the disease does occur lavage the eyes about every twenty minutes night and day during the acute stage with a boric acid solution. Use a fountain syringe with a piece of gauze over the nozzle to break the force. Keep the pus from accumulating. Instill into the eyes either nitrate of silver or a solution of one of the milder silver salts. If the former is employed, in say 2 per cent. strength, neutralize the excess with salt water. If the case is bad and the cornea shows haziness, cold applications should be employed. Keep pledgets of gauze on a block of ice and apply cold, changing frequently. Do not overdo the cold business, however, or more harm than good may be done. It may be necessary to change to hot applications if the vitality of the ocular structures seems low. Thorough and frequent cleansings are the main things. Do not neglect to employ some silver salt in a suitable manner. Every case is curable taken in time. Ulceration of the cornea calls for moderate dilatation with atropine. The doctor who fights the good fight of faith, aided by an intelligent nurse, will be rewarded in the consciousness of having saved a pair of orbs from going through this world and seeing not.—*Medical Summary.*

Editorially Speaking

In Favor of Grading

All over the country a sentiment in favor of a fair system of grading for nurses, and the licensing of all who are engaged in the practice of nursing for hire, is growing. This is advocated as the only means of protecting the public, and of protecting the fully qualified nurse. Doctors are overwhelmingly in favor of it, have wanted it for years. The rank and file of hospital people whom we have heard express an opinion about it, are convinced that it must come, because it is just and right, and based on common sense. The unfair competition to which private duty nurses are subjected has convinced large numbers of them in different sections of the country, and caused them to declare themselves in favor of a system of grading that will bring every individual who cares for the sick for hire, under some sort of supervision, force them to conform to certain requirements, and keep them in the class for which they have qualified.

There is no doubt but that Miss Gladwin, at the Convention at Atlantic City, voiced the sentiment of a large part of the nursing body when, in reporting on the section conferences which she had visited, she said: "We feel very strongly that every one who has anything to do with the nursing of the sick should be registered, and that they be registered in classes. We feel that there is a place for a woman who calls herself an attendant, a practical or an experienced nurse, and she should be helped and protected in every way, and should be supervised; and we feel that the distinction between the nurse and the experienced woman or the practical nurse who takes care of the sick, can best be made and best be main-

tained, if we register all classes of women."

There is absolutely no other conclusion possible to those free from prejudice and self-seeking, and who with a broad vision see the whole situation as it today exists. One great trouble is that many people do not know what they believe on the subject. They believe one thing one day and the next day they meet some one who has a different opinion, and they quickly change and agree with her. This is no imaginary situation.

The greatest danger that exists today in regard to the grading of nurses, which is surely coming, is that some few people who have a craze for securing legislation, may try to get an unfair law passed, before the people most concerned are ready for a law, and thus create difficulties and prejudice, which will set back the progress which is being made.

The American Hospital Association, in 1909, recommended the training of two grades of nurses—one grade having a shorter course to be trained "in the chronic wards of large city or municipal hospitals, in hospitals for incurables, homes for the aged, and in small special hospitals." Within the last year or two, besides the report of the American Hospital Association on grading, at least three other plans have been prepared and presented before different organizations, showing that an insistent demand is being made for a fair workable plan of grading, which will demand that all those who nurse for hire learn something about nursing before they sell their services, and will insist on some form of supervision by a representative organization. The utter futility of testing, inspecting and licensing a few of the best-trained nurses, and leaving those most

in need of supervision without it, is being recognized by practical people all over America. Grading of nurses is one of the things that is coming as surely as night follows day. This is another of the movements which THE TRAINED NURSE AND HOSPITAL REVIEW was the first in the field to advocate.

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Dr. Osler on Examinations

Some weeks ago Sir William Osler, Professor of Medicine at Oxford University, delivered an address at the re-opening of the Medical School of St. George's Hospital, and in very vigorous terms paid his respects to the existing system of training medical students. He specially condemned the present practice of judging a student by his examination record, and declared that many of those who fail to pass the required examinations are really the very pick of the students. He also stated his opinion that the day of the *lecture* had passed, and he grimly suggested that it be made an offence for any senior student to attend a lecture. He said: "There ought to be no written papers at the final examination. Watch the man handle a patient. Fifteen minutes at the bedside is worth three hours at the examination table. The student needs that the incubus of examination should be lifted from his soul. We make the study of our profession an intolerable burden by examinations and the enormous expansion of the subjects of the curriculum." "In these days," says an Exchange, "all our educational methods are in the crucible, and there can be no doubt that the revolt against our present examination system, and even our methods of teaching is both widespread and radical. Men are asking today that saner educational methods be adopted, and their voice is bound to be heard."

It is becoming more and more evident that in nursing, as in medical circles, as stated by Dr. Osler, "*We have made the study of our profession an intolerable burden*

by examinations and the enormous expansion of the subjects of the curriculum." For this the reaction is bound to come. Not long ago, a letter from a western superintendent stated that the number of pages to be covered by pupil nurses in the books recommended by the nurse board of examiners in his State was over 4,000, besides three volumes of a history of nursing. He also said that it was an utter impossibility for the hospital with which he was connected to arrange for study and class work in the course as outlined—yet they must pretend to do it, or be discredited as a school. There are hundreds of schools in the United States in exactly the same position. They cannot possibly carry on the nursing in the hospital and at the same time meet the demands of the nurse examiners—so they just *pretend* to do it, give as much as they can, and, confident that their nurses are competent to give skilled care to the sick, they "let it go at that."

If an investigation were to be made as to the amount of "padding" and falsifying of records to be found in some of the nurse schools registered in New York State, in order to seem to be complying with the inspector's demands, the results would surely furnish interesting reading. In this connection we could "some tales unfold," from those who have struggled in vain with the "system" as it exists today in New York State.

It is only fair to say, however, that in many States the recommendations seem to be just and reasonable, but the tendency to run to extremes is clearly seen in others and charges of commercialism and undue influence are freely made against some boards of nurse examiners, we have also had positive charges brought to us as to graft in connection with the inspector of training schools. Undue influence is claimed where recommendations of text-books are concerned. It is so easy under the influence of an individual who has books on the market to

recommend *her* books, because she is a personal friend of some of the examiners, or for some equally unworthy reason—this without any real comparison of books—so that with the least possible expenditure of energy in hospital schools the pupils may get the instruction they need.

We commend Dr. Osler's remarks to the consideration of nurses and hospital workers everywhere, with the respectful suggestion that a revision of the requirements or recommendations of some boards of nurse examiners be made, with a view to carrying out Dr. Osler's suggestions.



What Is Education?

Is the girl who has had the much-talked-of one year in high school always and of necessity better educated than the girl who has not? From some of our readers there will probably be an immediate affirmative answer. The one year in high school has become a fetish to the type of nurse who accepts ready-made opinion. One is often forced to wonder how it is that so many of the capable superintendents of hospitals and training schools today, as well as nurses in other lines, have ever managed to achieve so great a degree of success without that one year in high school.

But to many education has a far wider and deeper meaning. It is not measured by the months or years spent in schools, but by the best use of the opportunities that life has afforded, and by the development of one's own intellectual faculties. The following definition of education selected from an Exchange is well worth reprinting, and well worth pondering.

"What is education? It is far more than book learning or the ability to reason with logical precision. It is not merely a training received to earn a living, but a character acquired to make a life. To be is more

important than to know. A person may have many diplomas, but if he is not true and honorable, he is not educated, though he may be learned. To be is always more important than to have. Vast possessions of lands and moneys do not constitute greatness, which is decidedly a moral quality.

"Education is the unfolding of life, the cultivation of character, the discharge of duty according to ideals which become nobler and more compelling as they are obeyed. This is a process that continues through life, involving pain and discipline. But the result will ennoble the life and strengthen the will to follow after that which makes for goodness and helpfulness."



A Biography of Florence Nightingale

English magazines of nursing have been devoting ample space to the new and brilliant biography of Florence Nightingale, written by Sir Edward Cook, who has had access to her diary and personal notes, and who has collected with rare devotion to the task, details from a thousand sources, which throw clearer light on the many-sidedness of the life of this remarkable woman. Much as has been written about her, we doubt if many nurses have a clear mental picture of the strength of her character.

One reviewer, commenting on her work says: "The record of these activities is an essentially sober one; but derives charm from the keen and flexible humor which shines from the correspondence of this remarkable woman, and which always safeguarded her from the extravagances of the mere theorist and reformer."

While the work is high-priced, we shall hope for it a wide sale on this side the Atlantic. Probably most nurses will feel they cannot afford it, yet it surely should be placed in training schools and homes for nurses,

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

When is a Probationer Unfit?

The great responsibility which the hospital superintendent has for rejecting the probationer who is "unfit," is a matter which is frequently emphasized. Less frequently do we hear of definite expressions being made as to what renders a probationer unfit—or in what way may she be unfit. Whenever after graduation a nurse does some unethical or unbecoming thing, some one is ready to say: "*She should never have been allowed to graduate.*" Few graduates have any realization of how difficult the "weeding out" process really is—in many schools. Few could fully answer the question as to what constitutes unfitness. Quite often, with the right sort of training, it is possible to really change a girl who seemed "unfit" into a very capable nurse.

The nurse who is so slow as to be exasperating on a busy day in a large ward, may develop into the finest kind of a private nurse. I have in mind one nurse who habitually forgot orders, or failed to carry them through, if she had more than two or three patients. Yet with one patient she was an unqualified success. Every patient she had, loved her. She was untiring and unselfish to the last degree, yet utterly unable to "organize" her work where several patients were concerned. Was she or was she not to be considered "unfit" when again and again she failed to measure up to responsibility and failed to carry out orders, or "forgot" to do things which she was told to do?

In everyday life it is easier to forgive lapses, when we know for a certainty that the overlooking of duties or orders or requests was not due to a desire to shirk, nor was it a deliberate violation of orders. The probationer who in her early days shows a tendency to shirk any distasteful tasks, is one who seems unquestionably "unfit." I recall a nurse who when asked what led her to offer herself for training, replied with quite an air of pride that she was a student volunteer for the mission field, and desired to fit herself for the highest usefulness. It sounded encouraging, but she didn't know how to comb her hair or get her clothing on so that there were no gaps between

skirt and waist or where buttons should have been; and she "*just hated 'emptying things' and cleaning up after dirty dressings.*" She was clearly unfit, though a college graduate who "*wished to fit herself for the highest usefulness.*" Theoretically she was "fit"; practically she was most decidedly unfit.

A nurse who seems unwilling to submit to discipline or to take orders from those who have been appointed her superiors in office; the nurse who habitually grumbles or criticises the management may, probably, be declared at once unfit, however clever she may be.

The unfitness of poor health is more easily dealt with, though it is often a grievous disappointment to the candidate who is otherwise desirable. A medical examination where poor health or some grave physical defect has made itself apparent, will serve to prepare the candidate for the disappointment of not being allowed to continue in the work. To be able to suggest some less arduous or exacting work, making less demand on physical strength, will often help to give the bit of courage to go on that is so sadly needed at the moment.

Less difficult is it to deal with the nurse who gives up and wants to go to bed for every slight ailment, or who will report "not well enough to go on duty" in the morning and be unable to locate any definite ailment. This occurrence two or three times during the probation month is an indication of what may be expected. Sometimes a serious talk with such a girl will help her to brace up, but it should be clearly shown to her that she counts *one* on the working force, that when she fails the duties which belong to her must be carried by some one else, in addition to their own, and that to try to carry through training such an "uncertain quantity" as she has shown herself to be, is an injustice to the other nurses.

Perhaps the most difficult problem comes when a girl has proven herself during her probation as promising and "worth while," has been accepted and then unexpectedly develops qualities which make it desirable in many ways to get rid of her.

She grumbles at the least extra duty, or she regards rules as made to be broken, or she develops a too familiar attitude when dealing with men, or her records are untrustworthy, or she cannot get along sweetly in any place she is assigned to, or she talks too much and openly criticises the doctors and head nurses. Yet it is possible for an attractive, capable girl, who develops such undesirable qualities, to make a tremendous fuss and line up doctors, nurses and "outsiders" to protest against her being dropped. It may not be possible to lay one's finger on any really serious or flagrant offense which she has committed, yet the superintendent may be convinced in her own soul that the presence of that nurse is a real detriment to the hospital. How is she to convince her training school committee of the unfitness of that candidate? How long should such a girl be carried on the staff?

It is extremely difficult in many cases to decide in a few weeks whether or not a given candidate is going to be fit or unfit. Many probationers are so self-conscious and awkward for some weeks that they do not show up their real worth. Some of our most troublesome pupils have in later years surprised us by developing latent ability which we had hardly suspected.

The most serious of all defects are the root defects in character which no amount of training seems to correct in some nurses. A good nurse is first of all a good woman, and we need to pay a good deal more attention to the woman we see before us than to the certificates or credentials she may carry in her handbag.



Hospital Necessities

Two of the great things in hospitals, one medical and the other surgical, says Dr. George Tuttle, are the vaginal douche and the salt solution for proctoclysis. These take more time and require more skillful manipulation than any other single things in the service of the nurse. Salt solution, on account of its great efficiency in preventing sepsis, and secondly, in its power to reduce the death rate tremendously in septic cases already in existence, cannot be too scientifically considered by either nurse or surgeon.

The methods in use today are not scientific, and for this reason are only partially effective. Physiologists say that salt solution can best be absorbed when it is given to the patient at body temperature, practically 100° F. It is possible for any scientific man to prove, in spite of the denials of nurses of great experience, that this is not being done today in our hospitals; and it is

possible further to prove beyond contradiction, that salt solution, in some of the best hospitals, is being put into patients of the lowest vitality, at room temperature (70°-80° F.) instead of at body temperature (99° F.). And it seems to be absurd to irrigate a patient with cold salt solution at 70° F., as if he had typhoid fever, and at the same time surround his body with hot water bags to keep the body heat in him. But this is being done all the time. Why is this so? The reason is this, in my opinion.

The problem of delivering salt solution at 99° F. (body temperature) is a problem for the scientific engineer, and has nothing to do with surgeons or nurses. The variations of heat in a liquid according to its rate of flow, are questions of physics, of natural philosophy, and not of everyday medicine. Hence all of our mistakes. A liquid flowing in volume through a tube has an entirely different temperature from a liquid flowing at a rate of from 30 to 60 drops per minute, when such temperature is taken with a thermometer at the end of the tube. And so, when a great nurse and hospital superintendent told me a few days ago that she had taken the temperature of her apparatus, after it had been flowing into a patient for one hour, and had found it to be 98° F., it was only necessary to show her that the pipe had been, during this hour, in the rectum of the patient; and as no patient, in Murphy's most favorable experiments, has absorbed more than 60 drops per minute, the rate of flow of the liquid during this time must have been 60 drops per minute or less. But now, when she removed the tube, and allowed a flow in volume from the pipe, the heat of the saline in the reservoir (which nobody has ever complained of) came down through the pipe and showed on the thermometer an effect of saline, flowing in volume from a highly heated reservoir, instead of flowing at the regular slow rate of 60 or less drops per minute. This is not the way to do a scientific experiment, and the results are consequently very, very far from correct.

In order to make an accurate experiment the following procedure is necessary. Any patient, who will consent, may be used. It is not necessary to wait for a dying septic case. For scientific purposes many things are allowable; in one noted hospital a nurse volunteered. It is only necessary that the patient should lie on the side, and should remain in that position for one hour; the rest is simple. All apparatus, except one, has the same principle, *i.e.*, to put hot saline in the irrigator, rubber bag, or Thermos bottle, and then allow so many degrees for loss of heat in the

pipe on its way. Use any one of these apparatuses, the result will be the same, because a certain cause—stasis—produces the same result with them all. But now comes the difference between the way of getting the scientific temperature of the solution as it enters the rectum and the present-day methods. Allow the saline to flow into the patient to the best of your ability, and according to your own method and with your own machine for thirty minutes or more, until you are satisfied that it is running just right; but, after you are satisfied, I insist you must let it run fifteen minutes before this final test, and then, I insist, that you take records of temperature every five or ten minutes for half an hour to thoroughly convince yourself of the facts which you will learn, viz., that the temperature will never go above 80° F. unless something happens to the patient or the machine—accidental—to make a more rapid flow. By the record anybody will be convinced.

The method to be used is to have a thermometer registering 150° F. or more. The bulb must be free, like a common doctor's instrument, and this bulb must be inserted in a slit in the rubber tube within three inches of the rectum. This is the only scientific way to tell what the temperature of the saline is while it is actually flowing into the patient.

The cause of the difference in temperature of the hot saline in the reservoir and that shown by the tube in front of the rectum, is due to stasis in the pipe, as our chief surgeons have long recognized, and they now all say, as soon as it is brought to their attention, that cold salt solution should not be put into dying patients of low vitality.

A new seepage apparatus is now being advertised which I have used, and it overcomes the effect of this stasis by means of a heating bag placed near the patient, and gives excellent results. As salt solution is the bugbear of every hospital, all new things ought to be welcomed.

To test the efficiency of any machine whatever used in a hospital, some such scientific method as the preceding must be used. We do not seem to realize how slowly this liquid runs (30 to 60 drops per minute), that it all depends upon the patient's power of absorption, and that if it flows as slowly as this, stasis must occur in the pipe, and the solution must cool down to room temperature. It is not a question of saying the solution in the reservoir is 140° F. and that it loses 50° F. in the pipe on the way, consequently the patient receives it at 90° F., because this is not so, and I have proved it time and again by pour-

ing still hotter water every five minutes into the reservoir, and it did not change the temperature at the rectum. Therefore it is the patient who determines the rate of flow, by his rate of absorption, and the consequent temperature, regardless of the temperature of the saline in the reservoir.



Hospital Courtesy

In a business office the following sign may be seen posted for the benefit of the staff employed: "Courtesy costs nothing. Discourtesy may cost you your position." While in most hospitals a degree of courtesy to patients, doctors and visitors is usually enjoined and practiced, yet there is often noted a very decided lack of courtesy among members of the working staff of the hospital. In discussing this subject recently the *Hospital World* says:

"A perplexed hospital superintendent was heard to express the wish that among the many educational institutions brought into existence by modern needs, there should be one for the instruction of heads of departments in their relationship and conduct toward one another, also in the establishment of a proper relationship between themselves and the workers in their own several departments; in fact, a school of official relationship and conduct.

"Probably the head of every large institution will endorse the wish. But in the hospital, especially, where friction of any kind reacts upon the patients, the lack of harmony is most to be deplored.

"The superintendent of nurses is disloyal to the superintendent, quarrels with the house-keeper, is at loggerheads with the house staff. Friction exists between the co-equal surgeons, or between the medical heads and the surgical head. The internes dislike one or more of the visiting staff, and find ways of expressing the fact, and the nurses quarrel with the dispenser.

"For years there may be strained relations between men who meet daily to perform their charitable work for the unfortunate.

"The two departments between whom there is least friction, as a rule, are the nurses and the house doctors. In fact, too often there is here an excess of cordiality which requires restricting.

"It is a difficult matter in the best-managed hospitals to keep the tone of the staff throughout clear and kindly. Doctors and nurses, officers and employees get into ruts, neglect their duty, overstep their province, ignore the deference due

to superiors and the courtesy due to those of their own rank. The fine tone of first enthusiasm, staled by custom, drops to indifference; the little brief authority begets jealousy; fatigued nerves cry out in irritation, such conditions beset the workers, at times, in every hospital.

"Those two great factors in a smooth-running institution, system and discipline, may be at high mark, yet the hospital, because of its intensely human purpose, its dealing with humanity-on-edge, as it were, must be capable of a measure of latitude. The staff, high and low, must be trained to action that is individual rather than automatic. And the action of the individual untrained in cooperation often engenders friction.

"Granting that the superintendent has established perfect system, and that he has defined exactly the limits and duties belonging to each department so that there need be no clashing, he cannot enforce or even define the official amenities that make and maintain smooth inter-relation. He may be a wise and a kindly chief, with executive force, yet his heads of departments may bring his wisdom to naught by their treatment of each other or of their subordinates.

"And the superintendent, as day by day he endeavors to allay the friction due to ill-advised action, feels that he is justified in his desire for a school where the courtesies and diplomacies of official inter-relation would be taught to those men and women who, aspiring to sub-headships, and well versed in the technique of their work, are yet all unversed in the art of cooperation and the handling of subordinates."



The Interne Year

In the *New York Medical Journal* Dr. I. Dyer states his belief that the interne year is desirable for license if it can be made systematic, which at the present time is not probable. Therefore, any rule requiring an interne year is inexpedient, and if adopted would work a hardship on all but the graduates of a few colleges owning or controlling hospital services. There should be an attempt at the gradual standardization of hospitals to educational purposes, with the future expectation of correlating hospitals and colleges of medicine in each State. This will require extensive education of the lay community. Until such time, a fifth, practical, clinical year should be required of medical graduates, and therefore should be required by State boards of examiners. To make such a clinical year efficient State boards of examiners

should stipulate the detail and amount of practical clinical work in each branch to be certified as a part of the application for a license before the candidate is admitted to examination. Such stipulation should specify each branch of medical and surgical practice and the scope of training required.



From the Infants' Hospital, Boston

One of the very interesting exhibits at the Boston Hospital Convention was that from the Infants' Hospital, Boston.

The gown for a premature baby was so thoroughly simple and practical that we were sure our readers who were not at the convention would be interested in knowing of it. It is made of white gauze, two layers, between which is absorbent cotton. The edges are turned in and the gown quilted so that it may be washed.

The cap is made in the same way and attached to the upper portion. The baby wears a flannel band and diaper. The gown is pinned about the neck, down the front, enveloping the entire baby with the exception of the face.

The large doll on the right demonstrates the eczema mask used in the hospital.

Our thanks are hereby extended to Miss Farquhar, the superintendent, for her kindness in sending the photograph and description.



A Suggestion for the Operating-Room Nurse

In a certain hospital visited recently, some wideawake nurse had invented a method of protecting the lower bars of the operating table, on which surgeons are accustomed to rest their feet occasionally, and thus rub off the white enamel coating. The device consisted of a piece of white rubber garden hose, cut the length of the bars, split through and slipped over the bars while the table is in use. After the room is cleaned up the hose is properly cleansed and put away till needed again. Others have used white canvas protectors, which were tied on with tape and washed after the operations were over, but the hose has certain advantages which are easily seen.



Notes and News

The New Rochelle, N. Y., Hospital closed a twelve-day campaign for \$90,000 on December 17. There were nearly 6,000 subscribers, and the



GOWN FOR PREMATURE BABY

FLANNEL GOWN

ECZEMA MASK

sum aimed for was over subscribed, the total amount being \$98,275.

There were three neighboring communities that participated in the use of the hospital, from which probably over \$10,000 was contributed. Altogether thirty-five teams of men were organized and thirty-two teams of women. The men met at 6.30 each evening and the women at 1 P.M. Dinner was served in each case, each team of ten having a table of its own.

This fund will provide for the floating debt of \$21,000, and it is proposed to erect a Nurse's Home and Administration Building, costing about \$40,000; also provide X-ray machine, a new elevator, improve laundry and install a new heating plant. It is possible that something may be set aside as the beginning of an endowment fund.

Dr. H. J. Parker is president of the hospital. The campaign leaders were W. A. Bowen, of Waterville, Me., and his associate, Mr. T. W. Davies, of Brooklyn. Mr. Bowen will begin his fourteenth hospital short-term campaign at Newark, N. J., January 2, for St. Michael's Hospital. Each campaign requires about five weeks for preparatory work, and two weeks for the campaign proper, making the period of service and activity about seven to eight weeks.

The House of St. Giles the Cripple, practically the only exclusive orthopedic institution in Brooklyn; conducted a short-term campaign to raise \$100,000 for a new building, the campaign

closing early in December. Despite the difficulties of securing funds for a small institution in a large city, when the campaign closed nearly 3,500 subscriptions had been secured, aggregating \$105,332. Subscriptions secured immediately following the close of the campaign bring this total to nearly \$110,000. The campaign was directed by Mr. A. F. Hoffsommer, of Harrisburg, Pa. Dr. Burr Burton Moshier, who is surgeon in chief, being chairman of the local campaign committee.

Owing to the overcrowded condition of Vassar Brothers Hospital, and the smaller private hospitals in Poughkeepsie, N. Y., the physicians and citizens have united in a determination to secure another public hospital, which will be managed by the Franciscan Sisters.

The beautiful property has been acquired at Hill Crest, overlooking the Hudson, and preparations for a ten-day campaign to raise \$75,000 or more are now being made, under the direction of Mr. A. F. Hoffsommer, of Harrisburg, Pa.

The new Detention Hospital, at Fairbanks, Alaska, has been fully completed, and a number of patients will be installed soon.

The building is modern in every way, and is a credit to the town. It is steam heated and electric lighted. A comfortable ward for patients has been provided and several padded cells for the violent cases.

Book Reviews

Dorland's American Pocket Medical Dictionary.

Edited by W. A. Newman Dorland, M.D., editor "American Illustrated Medical Dictionary." Eighth Edition, revised and enlarged. 32mo of 677 pages. Flexible leather, gold edges, \$1.00 net; thumb index, \$1.25 net.

The eighth edition of this book has been carefully revised, and a large amount of new matter has been added. Since the publication of the last edition, a number of new terms have appeared in surgery, pathology, clinical medicine, laboratory methods, serology, dentistry, veterinary medicine and nursing. The new terms in these departments have been added, with the result that the eighth edition defines several hundred more words than the previous one, making the book more complete than ever before.



Anatomy and Physiology for Nurses. By LeRoy Lewis, M.D., formerly surgeon to and lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Mich. Third edition, revised thoroughly. 12mo of 326 pages, with 161 illustrations. Cloth, \$1.75 net.

The first edition of this work was written by the late Dr. Le Roy Lewis upon the request of many of those whom he had instructed in anatomy and physiology. Owing to the gratifying reception accorded the previous editions, the present editor has not deemed it wise to depart materially from the general plan and manner of presenting the subject. Some portions have been re-written, considerable new matter has been incorporated, and the entire book has been thoroughly revised. This new edition will be found well adapted to the needs of nurses.



Dietetics for Nurses. By Julius Friedenwald, M.D., Professor of Gastro-enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Third edition, enlarged and revised. 12mo volume of 431 pages. Cloth, \$1.50 net.

The principal additions to the third edition of this ever popular book are in the articles on feeding infants, on typhoid fever, scarlet fever and rectal and duodenal alimentation. Various changes have been made in the section on the diseases of the stomach and intestines.



American Red Cross Textbook on Elementary Hygiene and Home Care of the Sick. By Jane A. Delano and Isabel McIsaac. Illustrated, 256 pages. Price \$1.00 net.

This book is made up of a series of lessons, as follows: Bacteria and Their Relation to Health and Disease; Causes and Transmission of Disease; Food, Water, Ice; Air, Ventilation, etc.; The House; Care of the House, The Laundry; Personal Hygiene; Hygiene of Infancy and Childhood; Beds and Bedding; Bed Making; Care of the Sick in Their Homes; General Care of Patient; The Use of Simple Sick Room Appliances, Symptoms of Disease; Household Medicine Closet. Suggestions for demonstrations are given with each lesson.



Urinary Diseases. By Stephen H. Blodgett, M.D. 127 pages. Price \$1.00 net.

This valuable little book is compiled from lectures which the author has delivered during the past few years from various training schools for nurses. The book is divided into three parts. Part I—Urinary Diseases; Part II—Recipes for Patients Suffering from Glycosuria. These recipes are to fill the need for recipes in which saccharin is to be used instead of sugar, the proportions of which have been very carefully and skillfully worked out during the past two years by Alice M. Ellis, R.N., to whom the author expresses his thanks. Part III—Starch and Protein Content of Various Food, is compiled from every available source, and the author does not claim any originality for it. You want to send your order in for this book at once, and test its practical value.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Hospital Environment

To the Editor of The Trained Nurse:

In writing of the home and social provision, or lack of it, made for the hospital workers, I do so not so much in a spirit of criticism as a sincere desire to help the situation. The utter lack of provision for a semi-home and social life in the hospital is an inhuman condition, and one which must either be improved or bring disaster in its train. While it is expedient that the workers of the hospital or institution be housed by them, this is usually done with the bare thought of board and lodging. It is surprising that conditions are not better when you consider that the institution must be a home for a long period of time, perhaps many years. When, too, the training is to fit nurses to enter homes, to meet many people, and in the care of mental and nervous cases where it is necessary to be well informed and resourceful, some social and intellectual training would be of great value, giving them a greater range of thought and better poise in their contact with the world generally.

As it is, institutions demand of them so much and give so little. They seem to try to squeeze everything out of life but the work to be done; seemingly with the idea that perfect concentration will result along the lines of work and study. No thought is given or provision made for the needed balance to work. The hedged in and isolated life of the hospital worker has a contracting and deteriorating effect, forcing employees to seek their recreation, companionship and social pleasures at the price of dignity and independence. On account of the long hours, the hard work, and the lack of any social opportunities, it is becoming less and less attractive as a field of work, and yet it is a work that appeals to many women. There is no other reason why the supply of good material for the making of nurses cannot continue except the unattractive home and social environment. The world is coming to demand conditions which will permit of the most precious thing in life—congenial human companionship—and it is the work of those who know that it can be either elevating or demoralizing, to provide the means for a social environment

which will produce a broader and higher development.

To comfortably house and feed their nurses is, of course, commendable, but their duty does not end there. You would not build a home without its living room—a bleak, bare hall, a dining room open only at meal times, and bed rooms with innumerable restrictions. Nor would you turn a lot of children into a home, to live without restriction and guidance. As children are to the home so are employees to the hospital, with the advantages all on the side of the institution. They are in a position to select a thoroughly qualified guardian and they can discriminate in selecting their employees.

A thoroughly efficient qualified guardian is the key to the situation. The long hours and nervous strain have taken much energy from the workers, and nothing more can be expected of them. That is why in many instances, where opportunities, such as the use of club rooms, have proved disappointing. If some leading spirit was not forthcoming, those who congregated simply went the easiest way and little good resulted to any one. A director is necessary, and from the ranks of the social service workers should be drawn some one who appreciates what a proper home and social environment *can mean* to the development, to the efficiency, to the good health and happiness of the many thousands employed and housed by institutions. With such a guardian to supervise, to direct, to establish discipline over the leisure hours of the workers, much more freedom could be allowed, more intermingling of men and women, an opportunity to entertain to a limited extent, all on such a different footing, not only giving pleasure but adding self-respect and dignity. The directing of the leisure hours into channels which elevate and develop would be the chief work of such a guardian, and the good to be accomplished is inestimable—literature, art, science, current events, with music, dancing, gymnastics and outdoor games to add to its attractiveness. Not only would this effect the workers, but having more they would have more to give and all would profit.

Is it not time that doctors and hospital offi-

cials generally are waking up to the fact that there is more than one problem within the walls of the hospital to be solved—the moral as well as the physical.

Of the good to be accomplished by a competent guardian in directing the social life into broadening and developing channels, into mental and physical activities which will act as a balance to the workaday life of the employee, I leave for further discussion.

G. E. P.



A Successful Nurses' Club

To the Editor of The Trained Nurse:

From time to time I have noticed articles in the magazine with regard to nurses' clubs, which proved to me that very few have solved the problem as successfully as we.

In 1908, eight graduate nurses of this city founded what is now known as the "Graduate Nurses' Club and Registry." They rented a home, elected officers and adopted a constitution and by-laws to meet conditions as they come up. In the beginning it was not the intention to establish a registry, but the city was young, nurses not so numerous as now, and the doctors finding so many together, found it so convenient to call there, that it soon became necessary to register nurses outside the home, for which the small sum of \$5 per year was charged.

We are now five years old, and have passed through the usual vicissitudes and trials common to new organizations, with the result that we have a home of which we are justly proud, and a family of fourteen nurses, living pleasantly together in a fellowship that is unusual in its sincerity, enjoying all the freedom of a real home.

We could increase our number very materially, but in order at all times to keep alive the home spirit and life, rather than the club life, we have found the small number preferable, and quite sufficient to meet the expense of maintenance at the very reasonable sum of \$8.50 per month each.

For the benefit of those who may wish to establish similar homes, I will enumerate some of the benefits we enjoy. We rented a nine-room cottage, with bath and extra storage room, which we furnished ourselves from the general treasury; also out of this general fund, to which we each contribute \$8.50 per month plus a \$3 entrance fee when joining the club, we pay a housekeeper, rent, telephone, gas, etc. From this, also, we pay for the club literature, which consists of two daily papers, three nursing journals, the *State Medical Journal* and *Hospital Review*.

Our living expense is divided each day between

those who are at home. The housekeepers' board is paid from the general treasury. Separate meals are fifteen cents, except dinner, which is twenty cents. This money is used for staple groceries.

The following are some of the more important house rules:

1. Nurses first off duty are first on the registry, and the name must so appear on the registry board.

2. No nurse shall use the telephone longer than three minutes.

3. All rents and regular club fees are payable in advance.

4. Nurses wishing to leave club must give thirty days' notice.

5. All club literature must remain in the house.

6. Any nurse convicted of gossiping about any other nurse in the club or about the club business is subject to expulsion.

7. If any nurse is unworthy of club membership it must be a matter of discussion *inside the club only*, and if for any reason the club shall desire her resignation she shall be given thirty days' notice.

MAE GUEST.

Oklahoma City.



The Guild of St. Barnabas Worth While?

Among the many replies to a questionnaire recently sent out by the San Francisco branch of the Guild of St. Barnabas for Nurses, one was so much appreciated that the members voted to have it sent to the *Journal* that all might read and weigh its message:

"I most certainly consider the Guild of St. Barnabas for Nurses worth while, because it is the only organization for nurses which includes the laity, and the only one ministering to the spiritual side of nursing life. It should, therefore, be 'worth while' to all—associate as well as active members—bringing them into closer relation and tending toward better understanding and deeper sympathy.

"As Christian believers in our dual nature of body and soul we should provide for material and spiritual needs. Nurses are now well cared for as to the first by their many alumnae, county and State associations.

"Therefore, 'render unto Cæsar the things that are Cæsar's, and unto God the things that are God's'—that is, be loyal to all professional organizations and leave it to them to attend to material needs, while recognizing that the mission of St. Barnabas Guild is to attend to the business of the soul, nourishing, strengthening and developing it in order to fully meet not only the physi-

cal demands of the sickroom, but often—how pitifully often—the demands of a sick soul as well.

"A physician whose soul is in a state of malnutrition may not react upon his patient because of the briefness of his visits, and the necessity for keeping to professional details, but with a nurse it is different. She must be all day and every day with the patient. During days and nights of pain and weakness the relation of patient and nurse becomes very intimate. Occasionally there are times when souls speak and the nurse must be prepared to hear and respond.

"Also, since sickness and death (of the body) must enter all homes and families, is not the guild as well 'worth while' to associate as to nursing members?"

[In the interests of the Guild of St. Barnabas, we have been asked to publish the above letter, which originally appeared in *The Nurse's Journal* of the Pacific Coast.]



Lessening Menstrual Discomfort

To the Editor of The Trained Nurse:

Although the function of menstruation is as old as the human race, there are few physiological conditions on which more widely differing opinions are held by medical authorities. Unless it is concerning babies, there is no condition on which the laity cherish more superstitions. All sorts of dire diseases are attributed to the cessation of the menstrual function in growing girls. To "catch cold" during a period is regarded as a calamity much more serious than at other times. Even tuberculosis has been attributed to this calamity. Many believe that to take a bath of any kind, just previous to or during menstruation is to run a grave risk.

Every girl who suffers severely at the menstrual period envies her more fortunate fellow sister, who apparently suffers no discomfort at such times. There are all degrees of discomfort, from slight pain, soon past, to severe agony, which prostrates the girl every month. It might be well for the world in general if every girl and woman could "ease up a little" and take a day or half a day off every month, at the beginning of menstruation, but in this work-a-day world the conditions are such that this is not often possible, away from one's own home.

What a long list of drugs there are that are recommended for relieving the pain at the menstrual period! I wonder if any of them really

help very much. I remember one prescription which a gynecological specialist gave me, assuring me that it would surely relieve me of pain at such times. It did, because it produced sleep. If I could leave my patients and snuggle down in bed with a hot water bottle for a companion, I could be sure of a delightful sleep, but what I wanted was something that would relieve pain while I kept on with my work, and that it did not do.

I think it is Dr. Heward Kelly who states that only about 40 per cent. of the cases that submit to dilatation and curettage for the relief of menstrual pain are permanently relieved. I know of several cases of nurses who have been benefited, the pain being much less and of short duration, after dilatation and curettage, but I also know of two or three who have not been helped at all. It is not much wonder that so many working girls and women resort to patent medicines when the advertising is thrust before them so constantly and the most assuring and alluring booklets full of "personal experiences" of those cured of "female weakness," whatever that is, and pains of all kinds believed to be caused by this aforesaid "weakness."

What can a nurse do to lessen discomfort during the starting of the menstrual flow? Might not nurses properly discuss ways and means through the magazine, names being omitted. Is there anything that can be done beyond giving the intestinal tract a good clearing out, which will lessen the discomfort and make it possible for her to go on with her work free from pain. Could not nurses give through the magazine something from practical experience that would help us to give practical advice when we are appealed to.

CANTON, OHIO.



Practical Suggestions

To the Editor of The Trained Nurse:

It may be of interest to some nurses to know how very much more convenient and sanitary it is to have patients use paper napkins instead of old linen or handkerchiefs, for expectoration in cases of pneumonia, bronchitis, etc. If one napkin is cut into four pieces a dozen will last quite a while, and only cost five cents per dozen. I always get the plain white ones. I also use a cardboard waste paper basket, keeping it at the bedside for patient to drop used pieces of napkins in, emptying basket twice daily, and burning contents, also burning basket when not needed. These baskets may be bought for ten cents.

LILY HEATH.



GRADUATING CLASS, BRYCE HOSPITAL, TUSCALOOSA, ALABAMA

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Nursing in China

We are glad to present to our readers two interesting pictures sent us by Miss Cora E. Simpson, superintendent of the Florence Nightingale Nurse Training School of Magaw Memorial Hospital, Foochow, China. Miss Simpson is a graduate of the M. E. Hospital Nurse School, of Omaha, Neb., Class of 1905. She has been six years in China, as superintendent. China has a well-organized nurses' association, with branches, and a national meeting is planned for July next. A number of text books have already been translated, and more will follow. Training schools are being opened all over China. China needs nurses more than soldiers, says one of her leaders. The Red Cross is well organized and doing good work. A new hospital is under construction. The old hospital was the first one built for women in China. The course of training is three years; about 17,000 patients pass through the nurses' hands every year. One of the pictures shows the

first graduating class—Grace Go, Alice Ceng, Sara See, Mary Ding, with Miss Simpson.

A trained nurse is needed for the Methodist Hospital and Dispensary at Nanking, China. Nanking is one of the great mission centers in China. There is a large body of Christian missionaries of various denominations, and several splendid union institutions, such as the Nanking University, with its well-equipped medical department.

The report of the Methodist Hospital shows that in 1911-1912 there were treated at the Dispensary 22,000 and patients in the hospital 830 in-patients.

For some time the work of the department of nursing has been without a head. An experienced trained nurse is needed at once to carry on the work. She should have had thorough training in nursing and considerable experience in practice, as she will probably have charge of training the Chinese young women for that pro-



NURSES OF FLORENCE NIGHTINGALE SCHOOL, FOOCOW, CHINA



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fession. She should possess a sound constitution and good health, ability as a manager, and yet able to deal with all parties in such a way as to promote the kindest relation and to maintain the friendliest atmosphere. The work will be very heavy and will make large demands upon her strength and patience. It requires one whose dominating purpose is to make her life and work contribute directly to the Christian and religious aim of the mission.

Correspondence may be addressed to Wilbert B. Smith, Candidate Secretary, Student Volunteer Movement for Foreign Missions, 600 Lexington Avenue, New York City.



Massachusetts

The regular business meeting of the Holyoke City Hospital Alumnae Association was held at the City Hospital and the following schedule was adopted: General cases, \$25 per week; contagious and infectious cases, \$28; cases where there is more than one patient, \$28; nursing for the night only, \$4 a night; nursing for the day for four days or less, \$4 a day; nursing by the hour (not giving massage or electrical treatments), \$1 an hour; assisting at operations, \$5 an hour; confinement cases, \$25 a week. While a nurse is waiting in the latter cases, if at home and on call, the patient shall pay \$12.50 per week after the date given; if with the patient, while waiting, the nurse shall receive \$25 per week. This schedule will go into effect at once.

A list of the names of the nurses as volunteer charity workers will be in Elliott's drug store after January 1, when each nurse registered on this list will give two weeks of each year for charity work, the call to be sent to the above-named drug store by a physician. If also the associated Charities and the District Nurses' Association need any such help, they will kindly notify some physician, who will give the call to Mr. Elliott. Nurses who are willing to join this list will please give their names to Mr. Elliott.



Connecticut

The meeting of the Connecticut Association of Superintendents and Instructors of Nurses was held in Stamford Hospital, Stamford, Conn., on December 2, 1913. The meeting was called to order at 2.30 P.M., the president, Miss Sutherland, in the chair. There were sixteen members present. The minutes of the last meeting and the treasurer's report were read and accepted.

A letter from Miss Sara Parsons, secretary of the National League of Nursing Education, was read, announcing that this association was voted into membership at the annual meeting of the National League of Nursing Education, which was held in Atlantic City last May. There was also a letter acknowledging the receipt of the membership fee of ten dollars.

It was moved by Miss Albaugh, seconded by Miss Allyn, that the name of this association be

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Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

E. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

**Lillie H. Marshall, Fannie S. Frantz
Edith W. Knight, Elizabeth Jamison** } Penn. Orth. Institute.

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changed to the Connecticut State League of Nursing Education. Motion carried.

It was moved by Miss Albaugh, seconded by Miss McGarry, that Mrs. Hart act as delegate to the meeting of the National League, which is to be held in St. Louis next year. Motion carried. A motion was made by Mrs. Hart, seconded by Miss Albaugh, that Miss Van Zile act as alternate delegate. Motion carried.

The report of the meeting of the Nominating Committee, which was held November 14, 1913, at Hartford Hospital, was read by the chairman, Miss Albaugh. The candidates for president were:

Miss Evelyn M. Wilson, superintendent Stamford Hospital, Stamford, Conn.; Miss Harriet J. Allyn, superintendent Griffin Hospital, Derby, Conn. Candidates for secretary: Miss Annie Cunliffe, assistant superintendent Stamford Hospital; Miss Minnie P. Scofield, assistant superintendent, Griffin Hospital.

The report of the meeting of the Membership Committee, which was held November 29, 1913, at Hartford Hospital, was read by the chairman, Miss McGarry. Applications for membership to the association were received from:

Miss Mary Durnin, superintendent Danbury Hospital, Danbury, Conn.; Miss J. Daisy Needham, head nurse, Hartford Hospital; Miss Helen M. Jones, head nurse, Old People's Home, Hartford; Miss Elizabeth T. Oliver, superintendent of nurses, Bridgeport Hospital; Miss Margaret L. Greener, assistant superintendent, Greenwich General Hospital; Miss Gertrude Shields, head nurse, Stamford Hospital; Miss Alice King, superintendent Norwalk Hospital, Norwalk, Conn.

The committee recommended that these applicants be accepted. It was moved, seconded and the motion carried.

Mrs Margaret Rogers, superintendent of Danbury Hospital, resigned September 3, 1913.

The following programme was then carried out: Resumé of the meeting at Atlantic City. "American Nurses' Association," Miss Mary C. McGarry. "National League of Nursing Education," Miss Lauder Sutherland. "Public Health Nursing Dental Hygienists," Mrs. W. A. Hart. Reports on candidates' Examination papers for State Registration.

The following officers were elected for the ensuing year: President, Miss Evelyn M. Wilson, superintendent Stamford Hospital; secretary and treasurer, Miss Annie Cunliffe, assistant superintendent of Stamford Hospital. The meeting was

adjourned. Miss Wilson was hostess at afternoon tea, which was served in the reception room of the hospital. The members then made a tour of the new hospital buildings, which were opened last September. The hospital is splendidly located and the grounds surrounding it are beautifully laid out. The buildings are well equipped. Some of the special features noted are:

Spacious wards with good ventilating system, floors covered with battleship linoleum, electric bell for each bed, direct and indirect lighting throughout the hospital.

The private rooms are nicely furnished and have adjoining bathrooms. On the door of each room is a miniature door, which can be opened quietly from the outside, and the patient observed without being disturbed.

The operating, anesthetic and supply rooms, doctors' and nurses' dressing rooms, occupy the top floor of the building, and are most conveniently arranged. The hospital is supplied with blanket warmers, clothes driers, incinerator, vacuum cleaner and utility rooms. The contagious ward and well-equipped laundry are some distance from the hospital. The former is admirably and completely equipped for the carrying on of medical aseptic nursing.

The regular monthly meeting of the Alumnae Association of the Connecticut Training School was held on Friday, January 2, at 3 P.M., instead of on the first Thursday, as at this time it proved to be a holiday. The meeting was conducted by the president, Miss Barron, and an average number of members were present, the routine business was attended to, and plans were perfected for the reception in honor of Miss Fletcher, to be given at the Home on January 8—followed by adjournment.

On the afternoon of January 8, at the Nurses' Home, the Alumnae Association of the Connecticut Training School gave a very delightful reception in honor of Miss Fletcher, R.N., St. Luke's, New York City, 1900, who has recently accepted the position of superintendent of nursing in the New Haven Hospital.

The president of the Association, Miss Barron, assisted by Mrs. Wilcox and Miss M. K. Stack, received between sixty and seventy guests, representatives of Grace, Elm City and St. Rafael's Hospitals, also of the Visiting Nurse Association, being present, besides many graduates located in the city. Dainty refreshments were served, and a delightfully social hour was enjoyed by all.

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New York

Since it has been stated that the New York State Nurses' Association would again try to pass a nurses' monopoly bill, the newspapers are again commenting on the matter. The following extract is from the *New York Times* of January 6:

"Undiscouraged by their previous defeat, the trained nurses of the State, or self-appointed representatives of them, have prepared to introduce at the coming session of the Legislature another bill limiting to certificated persons the right to profess or practice care of the sick as either "nurses" or "registered nurses," or to use any words or letters expressing or implying a special preparation or capacity for this work. The undertaking is injudicious for several reasons.

One reason is that it will almost certainly fail. A better one is that it should not succeed. The best of all, perhaps, from the nurses' standpoint, is that such an attempt to monopolize an ancient title and to make it mean more than and something different from its familiar significance will lead to such plain speaking on the part of the doctors that the words "trained nurse" are likely to lose something of the glamour they now have for the general public.

As a matter of fact, there is and long has been in the medical profession a feeling that a nurse can be, if not too well trained, at least wrongly trained, and that not a few of them have been taught things which decrease their competency instead of increasing it. The nurse a doctor wants is one who will carry out his orders scrupulously, intelligently and unquestionably. He does not want one with her own ideas as to diagnosis and therapeutics, derived from teaching that extends beyond nursing into the domain of medicine, and in ordinary cases of illness an uncertificated but docile and experienced nurse may meet every requirement.

Nurses of this kind are willing to work for less than is demanded by graduates of the hospital schools, and that, of course, is why the attempt to drive them out of the nursing business has been and will be made. The public is interested in the situation even more than the doctors, for comparatively few can afford to pay the wages which the regularly trained nurses insist on getting, and must have others, if any.

There is, of course, no objection to the adoption by any nurse of a title that exactly defines her status, and no defense for the nurse who pretends to be what she is not, but there were nurses, and good ones, long before there were "trained nurses," in the modern sense of that term, and any restriction on the performance of their inestimable services would be deeply resented."

Christmas exercises for the 175 patients and the nurses of St. Mark's Hospital were held in the hospital, at 177 Second Avenue, between 11th and 12th Streets.

Instead of holding the exercises only in the large hall, where they could be attended only by convalescent patients, those in charge arranged

to have the musicians and speakers move about from ward to ward.

Christmas trees were set up in all the wards, so that every patient could have a glimpse of one. The music was furnished by a trio of violin, harp and 'cello. Special Christmas dinners were provided for all patients, according to their condition.

The twenty children had a Christmas tree of their own, with a toy or two for each. The harp, violin and 'cello gave part of the afternoon exclusively to the children.

Another celebration was held in the maternity ward, where there are about 100 cases.

The speakers were Dr. Benjamin T. Tilton, president of the hospital, and Dr. Andrew von Grimm, the secretary. These gave little Christmas talks for all the separate groups.

When the other exercises were over, there was still another Christmas tree in the large hall for the nurses and the now convalescent patients.

The celebration was under the auspices and at the expense of the Women's Auxiliary.

Twenty-five nurses, members of the Alumnae Association of the Syracuse Hospital for Women and Children, attended the annual banquet at the Onondaga.

The hospital colors, pink and white, were used in the decorations, with bunches of pink Killarney roses. At each plate stood a miniature doll, uniformed in pink and white.

Miss Isabell Smith was toast mistress, and after the feast she called for responses from Miss Hope Williams, president of the association, whose subject was "Our Departed." Miss Mary Elizabeth Twigg answered to "Loyalty"; Miss Mattie Shanahan, "Ideals"; Miss Ella Dowding, "The Profession," and Miss Genevieve Masterson, "To-night."

The entertainment was arranged by Mrs. Laura Stevenson and Miss Julia Smith, chairmen, assisted by Mrs. Gertrude Ash Wise and Mrs. Alice Wiedmann.



New Jersey

The New Jersey State Board of Examiners of Nurses wish to call the attention of New Jersey nurses to the proper address of their office, 487 Orange Street, Newark, N. J., which is open from 9 A.M. to 5 P.M., all week days except Saturday, and on Saturday until noon.

They also request, in order to insure a prompt reply, that all checks and money orders be made payable to Jennie M. Shaw, secretary-treasurer.



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Pennsylvania

A letter protesting against the removal of the Liberty Bell from Independence Hall for exhibition purposes, was sent to the Select Council of Philadelphia from the Nurses' Alumnae Association of the Woman's Hospital. The letter, signed by Sarah Slaughter Entwisle, said the alumnae desired to voice its disapproval of having the bell removed from its present resting place for exhibition purposes of any character.

The protest was referred to the committee on city property. A petition is now before councils from the school children of California, asking that the bell be sent to the Panama-Pacific Exposition.

More than three hundred poor families of Philadelphia sat down to a very good Christmas dinner through the efforts of the nurses connected with the city's department of health.

The nine nurses, headed by Miss Charlotte Perkins, distributed the baskets of good cheer from city hall in automobiles loaned by city officials. The families to which the baskets were taken had been previously investigated.

The nurses distributed 230 baskets, each containing provisions sufficient for a Christmas dinner. They also presented seventy-five other poor families with baskets containing a chicken and toys.

The regular monthly meeting of the Alumnae Association of the Presbyterian Hospital, Pittsburgh, was held at the Hospital on Monday evening, Jan. 5, 1914. A very good attendance listened with much interest to an illustrated lecture by Dr. Weiss on "Cancer." The regular routine business was transacted after the lecture, with Miss Swearingen presiding.

The regular monthly and annual meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital, was held at the hospital on Thursday afternoon, January 8, 1914, at three o'clock, the president, Miss Miriam Wright, presiding. Twenty-five members were present and two new members were admitted. The recording secretary gave the following report of the past year: Twelve new members were admitted. Two members died and three members were married. The following nurses were elected to fill positions in this association for the following year:

President, Miss Clara B. Steinmetz, R.N.; first vice-president, Mrs. Meehan, R.N.; second vice-president, Mrs. Apsley, R.N.; recording secretary, Miss Adele C. S. Miconi, R.N.; corre-

sponding secretary, Miss Lillian Ernest, R.N.; treasurer, Miss Frances Taylor, R.N.

A very interesting letter was read from Miss Anna J. Magilton, R.N., who is a missionary in India, and also a letter from Miss Minnie J. Caughey, R.N., who is nursing in Louisville, Ky.



Canada

On the afternoon of January 8, St. Vincent de Paul Hospital, Brockville, Ontario, was the scene of an auspicious gathering, it being the annual commencement exercises, when five young women received their diplomas as graduate nurses. They were Miss Anna Daley, Miss Helen Feeney, Miss Cora Merlew, Miss Helen O'Connell, Miss Margaret Allore.

The exercises took place from 4.30 to 7 o'clock. The proceedings were held in the assembly room of St. Vincent de Paul Hospital Convent.

The Very Rev. Dean Murray presented the diplomas and delivered an address to the graduating class in the presence of the entire medical staff.

The Rev. Mother Superior, of the House of Providence, Kingston, presented the candidates.

During the proceedings the nursing staff rendered a fine musical program.

Miss Helen Shea presented each of the graduates with a handsome bouquet.

The address to the graduates was by Dr. R. A. Bowie. This was so splendid that we hope it may be published later in THE TRAINED NURSE. A few words from it are as follows:

"In these strenuous days, when the struggle for existence is so frequently misinterpreted for a struggle for pecuniary gain, may I sound a note of warning: Keep free, do not sell your birthright for a mess of pottage by joining clubs and unions whose goal is gold, not glory.

"Your profession can never preserve the ennobling ideals upon which it was founded if commercialism is allowed to become a dominant factor. Guard yourselves carefully against this insidious enemy, which may threaten to undermine your art; remembering, with Stevenson, that generosity you will have, such as is possible to those who practice an art, never to those who drive a trade."

At the conclusion a banquet was held, when the graduates and relatives were entertained to dainty refreshments.



Marriages

On January 14, 1914, Miss Catherine O'Neil, of Hamilton, Ohio, to Mr. George C. Bramlage.

Preventive Medicine

One possibly overlooked cause of kidney disease, undoubtedly, is the alkaloid, caffeine, with its decided diuretic action, that one gets in the daily use of coffee.

The regular, daily indigestion of from 6 to 10 (or more) grains of caffeine, in its most active state (in solution of hot water—as in the use of coffee) **must** induce abnormal irritation of renal cells, and this, as every pathologist knows, leads to impaired function and destruction of tissue.

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Made of wheat and a small percent of cane syrup, Postum is pure, absolutely free from any drug, and is in line with Preventive Medicine—avoiding what coffee tends to induce.

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The **Clinical Record** for Physicians’ bedside use together with samples of Instant Postum, Grape Nuts and Post Toasties for personal and clinical examination, will be sent on request to any physician who has not yet received them.

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Mr. and Mrs. Bramlage will travel through the-South for three months.

On December 17, 1913, at Newell, S. D., Miss Agnes Erickson to Mr. Arthur Edwards, of Newell. Mrs. Edwards is a graduate of St. Joseph's Hospital, Deadwood, S. D., class of 1910, and since her graduation has been engaged in private nursing in Champaign, Ill.

On December 31, 1913, at Sayre, Pa., by Rev. E. M. Beyscher, Miss Victoria Brainerd, of Scranton, Pa.; to Dr. William F. Davis, of Carbondale, Pa. Mrs. Davis is a graduate nurse of the Moses Taylor Hospital, Scranton, and has been night superintendent of that institution for some years.

On January 1, 1914, at Philadelphia, Pa., Miss Miriam Edith Ives to Dr. Earl C. Sherrick, of Connellsville, Pa. The bride is a graduate of St. Timothy's Hospital, Philadelphia.

On December 18, 1913, at Philadelphia, Pa., Miss Hannah F. Briner, a trained nurse, of Reading, Pa., to Mr. Albert B. Commings, also of Reading, Pa.

On December 11, 1913, Miss Julie E. Correll, Class of 1902, Mt. Sinai Training School for Nurses, to Mr. Fritz Beck. Mr. and Mrs. Beck will live in Haworth, N. J.

On December 15, 1913, at Philadelphia, Pa., by the Rev. James Crawford, Miss Grace A. Heller, a trained nurse of Philadelphia, to Mr. Murray C. Hendry, of Ottawa, Canada.

On December 30, 1913, at Philadelphia, Pa., Miss Margaret Burns to Mr. Nicholas Cassetto. Miss Burns was for eleven years nurse at the Delaware County Home at Lima, Pa.

The marriage is announced of Miss Hazel Stubbs, daughter of Mr. and Mrs. George Stubbs, of Geneva, N. Y., and J. Donald Hall, of Canandaigua, the ceremony having been performed at Rochester on December 1. Miss Stubbs is a graduate, Class of 1913, of the Memorial Hospital Training School for Nurses, Canandaigua.

On December 17, 1913, Miss Sadie Hahn, Class of 1910, Mt. Sinai Training School for Nurses, New York City, to Dr. Maurice E. Mintz.

Births

On December 10, 1913, at Vancouver, B. C., Canada, to Mr. and Mrs. J. H. McMillan, a son. Mrs. McMillan was formerly Miss Lura B. Stone, a graduate of the Hackensack Hospital Training School for Nurses, Hackensack, N. J., class of 1907.

On December 17, 1913, at Toronto, Canada, to Mr. and Mrs. Charles Furlong, a daughter. Mrs. Furlong was Miss Edith Weeks, Class of 1910, Mt. Sinai Training School for Nurses, New York.

On November 21, 1913, at Ridgefield Park, New Jersey, to Mr. and Mrs. B. F. Gambrill, a daughter. Mrs. Gambrill was Miss Elsie Lewis, Class of 1908, Mt. Sinai Training School for Nurses, New York City.

On November 24, 1913, at Kansas City, Kan., to Mr. and Mrs. A. B. Gillum, a son. Mrs. Gillum was Miss Baxter, graduate nurse of Bethany Hospital, Kansas City.



Deaths

Dr. S. Weir Mitchell, an international leader in the professions of medicine and literature, died in his home, at No. 1524 Walnut Street, Philadelphia, Pa., January 5; of the grip. Although eighty-four years old, he was in fine health until the attack which caused his death.

Dr. Mitchell held the highest rank as a specialist in nervous diseases, for which he was honored in this country and abroad, and for thirty-five years he had written novels, essays, learned treatises, dramas and verse, which had distinguished him equally in the field of literature.

For many years Dr. Mitchell kept his two professions separated, not permitting one to interfere with the other. In his research as a neurologist he devised what later became known as the "rest cure." He wrote several books upon nervous diseases, each of which became a text-book. He was called upon to lecture before learned societies in this country and in Europe, and as a reward and in recognition of his work he was made a member of many highest scientific bodies.

During the Civil War Dr. Mitchell was in charge of a United States Hospital in Philadelphia, and there he gathered the material for several books which he published later, and which early established his ability as an author of fic-

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DOSE: One tablespoonful after each meal.
Children in proportion.

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A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

tion. Before 1880 he already had written more than a hundred books and treatises upon medical subjects. After the war he retired entirely from general practice and devoted the medical side of his remarkable dual career to nervous diseases.

Adele Neeb was born in Elberfeldt, Germany, in 1871. When eleven years old she came with her mother and small children to the United States. Her mother died on the ship, and she was left to strangers, with her little sister and brother. Mrs. Green, of Troy, became a mother to her, and toward her she always felt a daughter's duty and affection. She graduated from Metzger College, Carlisle, Pa., and from the Presbyterian Hospital, Philadelphia, in 1894.

Served in the Spanish-American War, 1898, in Jacksonville, Savannah and Havana. In 1904 she went to Japan, and served five months in the Japanese Red Cross, at Hiroshima Military Hospital, and on the hospital ships off Port Arthur.

Miss Neeb was a charter and life member of the Philadelphia Club for Graduate Nurses, president of her alumnæ. She attended the recent conventions at Edinburgh and Cologne.

She declined the nomination for president of the S. A. W. N., but served them many times and in many ways, never failing to be ready when help was needed, always willing, always able, always acceptable. Her place cannot be filled among us.

In her professional work she was faithful, efficient and adaptable, able to cope with the "impossible" case. Her life was filled with work well done, play well played, and as we leave her to sleep in Arlington, under her country's flag, we pray: "May she rest in peace, and may the Light Perpetual rest upon her."

REBECCA JACKSON,

Cor. Secy. S. A. W. N.

Washington, December 3, 1913.

On November 19, at Meriden, Conn., Rose Gale Reed. She sustained an apoplectic shock at three o'clock and died at 10.25 the same evening, without regaining consciousness. Miss Reed was graduated from Bellevue with the Class of '87, and after doing private nursing for a short time, accepted a position as office nurse with Dr. Love, at Montclair, N. J. She resigned this position to accept the superintendency of the Mountain Side Hospital in the same city. During the Spanish-American War, Miss Reed was a Red Cross nurse. At the close of the war Miss Reed came to the Meriden City Hospital as superintendent, which position she held at the time of

her death. Miss Reed showed rare ability in her chosen profession, and those with whom she came in contact can testify to her cheerful disposition and fine character. Her loss will be greatly mourned by all who knew her.

The sudden death of Miss Minnie I. Bacon, matron of the isolation hospital, Springfield, Mass., was a great shock to her friends. All who were associated with her—doctors, nurses, patients—appreciated her for her sterling qualities.

Not only was Miss Bacon admired for her professional skill; she was also greatly loved for her generous nature. After her death these lines were found in her room: "In all our difficulties, perplexities and trials, it will help us to remember that we have to take but one step at a time. Let us ask God to help us take that one step bravely and unflinching. To-morrow's strength is very largely the heritage of today's patient striving." This was her practice in life, and this patience and bravery have been the great lessons learned by her associates and friends from an unassuming but wonderfully useful life.

Miss Cora Duval Nolan, one of the best-known graduate nurses of New Orleans, La., and who has been actively identified with charitable work in New Orleans since her graduation from Hotel Dieu in the Class of 1907, died suddenly, while preparing to respond to a call December 8. The death of Miss Nolan, which was caused by congestion of the brain, occurred at the home of her sister.

Miss Nolan all her life has been active in the charitable work of the Episcopal Church in New Orleans. She was one of the most active workers of the St. Barnabas Guild of St. George's Church.

Mrs. Jessie M. Hall, wife of Dr. John E. Hall, died December 10, at Philipp, Miss., after a lingering illness. Mrs. Hall, whose maiden name was Miss Jessie N. Wattie, came to this country from Edinburgh, Scotland, in 1898. She entered the Rochester City Hospital Training School for Nurses, from which she was graduated in 1901. She was appointed a nurse in the Army Corps in 1902, and served three years in the Philippines. She was married to Dr. Hall in Oakland, Cal., January 28, 1903, while both were in the hospital service. She leaves, besides her husband, a daughter. Interment was made in the Hernando (Miss.) Cemetery.

(Continued in Publisher's Desk)

In the Maternity Ward

or in the home there is none "just as good" as

Mennen's Borated Talcum TOILET POWDER

None as pure and safe for "Mother's Baby" or "Baby's Mother."

Physician's and trained nurses, and thoughtful mothers everywhere give the preference to Mennen's above all others.

They know from their experience what is best, and why absolute purity is absolutely imperative. Mennen's not only smooths, but soothes the skin; not only hides, but heals the raw, or roughened surfaces.

Mennen's Borated Talcum Toilet Powder is as perfect as experience and science can make it.



It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's.
Sample Box for 4c. Stamp

The Gerhard Mennen Company, Newark, N. J.



Trade Mark

In Scarlet Fever and Measles

there is no procedure that will contribute so markedly to a patient's comfort and well-being and at the same time prove so serviceable from prophylactic standpoints, as anointing the whole body at frequent intervals with

K-Y Lubricating Jelly

Itching and irritation are relieved at once, and while the activity of the skin is maintained, the dissemination of infectious material is also prevented. So notable are the benefits that result from the use of this non-greasy, water-soluble and delightfully clean product that its use has become a matter of routine in the practise of many physicians.

In addition to being "the perfect lubricant," K-Y has also been found an ideal emollient, and in no way does it demonstrate its great utility more convincingly than in the care of the skin during the exanthematous affections.

VAN HORN & SAWTELL

New York City
15-17 East 40th Street

and

London, England
31-33 High Holborn

Food for Typhoid Patients

ROBINSON'S "PATENT" BARLEY

FOR INVALIDS and those recovering from influenza, typhoid fever and other illness. Made into gruel or barley water is a food constantly recommended by Physicians.

ROBINSON'S "Patent" GROATS

for the nursing mother or for young children.

"Patent" Groats made into milk-gruel or porridge, can be taken three or four times a day, is very nourishing and easily digested.

Send for booklet giving directions for making many palatable dishes

JAMES P. SMITH & COMPANY

90-92-94 Hudson St. 33-35 E. South Water St.
New York Chicago

New Remedies and Appliances

School of Sanitary Science

In New York City a unique school of anatomy, sanitary science and embalming has been established by Dr. Carl L. Barnes, who is an authority upon the science of embalming and disinfection. The school is in charge of his brother, Prof. Thornton B. Barnes.

In this day, when all the leading undertaking establishments are employing women attendants, it opens up a new avenue of work for the nurse who must seek some less taxing occupation. In the Barnes School nurses have an opportunity to take instruction in disinfecting after contagious disease, and thus care for the health of those liable to exposure, if this work is carelessly done.

For a booklet giving full particulars, send address to Barnes School, 232 West 13th Street, New York City. ✱

"La Mode" Nurses' Uniforms

No matter where you are located it would pay you when you next visit New York, to visit the salesroom and factory where "La Mode" Nurses' Uniforms are made.

When you see just how these uniforms are made you will appreciate why it is possible to be able to make for you Nurses' Uniforms ready-to-wear and perfectly tailored in every detail, at a cost considerably lower than it would be for you to go to all the trouble attendant upon having them made to order.

The garments are first cut by electric machines handled by experienced operators, and these machines, under careful guidance, cut the lines of the garment infinitely truer than any dressmaker could with a pair of scissors. Then, again, there are special operators whose only duty is to sew on the sleeves, others just the buttons, and so on down; every operation being perfected by those experienced in that particular part only.

It is also interesting to note and keep in mind, if you are able to go through this factory, that the people who make the "La Mode" Nurses' Uniforms originated the first ready-to-wear uniform more than twenty-five years ago.

Liquid Peptonoids

To satisfactorily feed an acutely ill patient is often a difficult matter, which taxes the knowledge and judgment of the nurse to a considerable degree. Realizing that the digestive juices are deficient, that elimination is overtaxed, that assimilative power is impaired, the vitally necessary thing to be accomplished is to give a sufficient amount of nutrient material in the proper form to nourish the cells of the body and repair the destructive effect of disease processes.

The prime essential for a suitable nutrient for such purpose is predigestion, which should be as complete as it is possible to secure.

An equally important indication is to use nutrient material that is free from waste material, thus sparing eliminative processes. Such a nutriment should also be agreeable to the patient, easily prepared or ready for immediate use.

These indications are most admirably met by Liquid Peptonoids, which is a pleasant tasting, uniform and always available solution of the nutrient elements from beef, milk and wheat.

Liquid Peptonoids represents 54 per cent. of protein and 13.8 per cent. carbohydrate, which has been entirely predigested and is waste free. One tablespoonful has a caloric value of 60.

Liquid Peptonoids is especially valuable in the acute fevers, in pneumonia, rheumatism, sepsis, whooping cough, scarletina, measles, for auto and post-operative feeding, in young children and aged people, in diarrheal diseases, nausea, vomiting, etc.

It is also a most valuable auxiliary nutrient tonic during convalescence, or in debilitated, cachectic or exhausted conditions of low vitality and systemic weakness.

Liquid Peptonoids should always be given chilled by pouring over cracked ice—or hot—never at ordinary room temperature.

✱

Perfect Glasses

J. C. Liederbach, the optometrist whose advertisement appears in this issue, makes special rates to trained nurses, and all who have had him either fill their prescription or fit glasses, have sent their



Welch's

"The National Drink"

Nurses and doctors have found from experience that Welch's lessens their labors and adds to the probabilities of a patient's recovery.

For the sick child and the convalescent adult Welch's Grape Juice with its fruity flavor, its gratifying aroma and its strengthening qualities, has a charm that does not diminish.

We pay a bonus in order to secure the choicest grapes, and these alone are used in the production of Welch's Grape Juice.

Booklets on the "Food Value of the Grape" and the preparation of drinks and dishes for convalescents and patients will be gladly sent on application.

Four-ounce bottle, mailed, 6c. Sample pint, express prepaid, 25c.

Welch's is sold by all druggists

The Welch Grape Juice Co
Westfield, N. Y.

6 OZ.
SPRINKLER
TOP



One of above special bottles of
Glyco-Thymoline will be sent

FREE

Express Prepaid

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this magazine
KRESS & OWEN COMPANY
361-363 Pearl St., New York

friends to him. No better recommendation can be given than this. Absolute satisfaction guaranteed. See his advertisement.



To Heal and Prevent Bed Sores

Every nurse has to contend with bed sores. One nurse writes: "For the benefit of other nurses I want to tell of my experience with Comfort Powder. Last July I cared for an old man, eighty-four years old. He had been ill for several months with gangrene before sending for me, and I found him in a terrible condition, and you know what a dreadful thing gangrene is. The sores on his body were terrible. I at once began to bathe him with alcohol, and used Comfort Powder as thick as I could sift it on, and you should see the change that took place in twenty-four hours. The sores dried up and healed, and he did not complain any more of suffering. You cannot tell me of the merits of Comfort Powder. I have known what it can do too long, both as a soothing and healing powder in the nursery and sickroom."

Comfort Powder is a medicated powder, skillfully prepared to combine unusual healing, antiseptic and soothing qualities. It is a necessity in the nursery and sick room, for chafing, itching, scalding, eczema, prickly heat, pimples, rashes, burns, sunburn, bedsores and truss irritation. For twenty years Comfort Powder has been used in hospitals and endorsed by physicians and nurses, who call it a "Healing Wonder." A trial box will be sent free to any nurse by the Comfort Powder Company, Boston, Mass.



The Acquisition of Mechano-Therapy

is nowadays almost a necessity for an up-to-date trained nurse. The modern hospital training school has added to its general courses of instruction some lessons in massage, feeling the need in the treatment of diseases, to give their graduates a higher standard of efficiency. Scientific massage is probably one of the oldest of all means used for the relief of bodily infirmities. It is evident that its use was employed as early as three thousand years ago. Why not look into the possibilities in this field and broaden your sphere of activity? It will mean less exhaustive work, whether it be in a hospital in charge of a mechanical department or in private practice, under the direction of the medical profession. The Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green Street, Philadelphia, Pa., offers practical and theoretical instruction in the only recognized

system of massage (Ling), Electro and Hydro-Therapy, in all its forms, remedial and corrective gymnastics, a thorough course in Physiology, Anatomy and Pathology. Graduates are assisted into first-class positions upon completion of the course. The illustrated prospectus will bring all information to you for a postal card.



Satisfactory Uniforms

A nurse, graduated from a Brooklyn hospital, writes as follows:

"I want to tell you that I have worn your 'Dix-Make' 666 uniforms for some time, and have always been complimented by my patients for my neat and immaculate appearance.

"I therefore wear no other, and think it my duty to let you know—as perhaps you know already—how much your work is appreciated in our profession."

Nurses all over the country are now wearing "Dix-Make" uniforms, because they are one of the best fitting and one of the most satisfactory garments made, and can be purchased at good department stores in nearly every city. Ask for them and do not accept inferior makes. "Dix-Make" uniforms are filling a long-felt need, and are guaranteed in every way.



Alumnæ News

The Alumnæ Association of School of Medical Gymnastics and Massage is this year arranging for an exceptional interesting course of lectures on medical subjects. Many invitations are sent to physicians, nurses and others. Proceedings for incorporation are taking place, and the leaders expect that registration for masseuses and masseurs will soon follow. All interested should assist in order that the profession of medical gymnastics and massage may be as highly honored as is the profession of the trained nurse. This Alumnæ Association counts many trained nurses among its members. Those interested can obtain further information by addressing the secretary, care of School of Medical Gymnastics and Massage, 61 E. 86th Street, New York, N. Y.



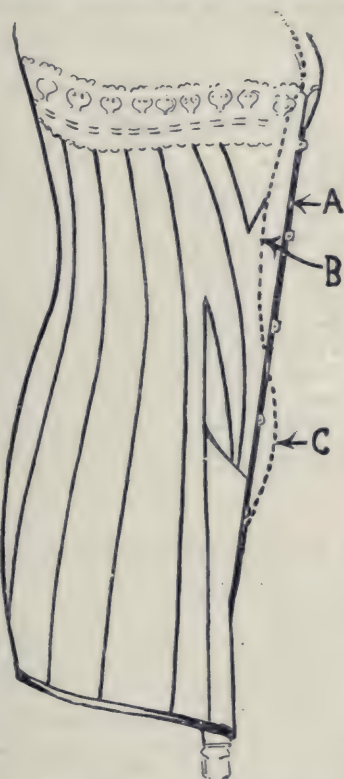
The Value of Grape Juice

The growing use of grape juice, both as a beverage and as an article of food for the sick and convalescent, is not a mere matter of accident. It is largely due to the publicity given to its merits by the modern physician, who is much more of a public adviser than his predecessor was.

The Nemo Corset "Bridge"

Carries Women to Safety

THE Nemo "bridge" is one of the features that have made the Nemo Corset famous; yet few know what it is, and no one can see it. The accompanying diagram gives an idea of how the "bridge" is constructed, and what it does.



The dotted line (B) indicates the natural outline of the uncorseted figure. The straight line (A) shows a Nemo front steel, slightly curved inward at the lower end, then going straight to the bust-line. The abdomen (C) is repressed and supported. The region of the diaphragm is "bridged," keeping all pressure from the stomach region (B).

As a RESULT, no woman wearing a Nemo Corset, no matter how tightly it is laced, ever feels that dreadful crushing pain over the stomach which makes her rush home to get her corset off.

The following clever reference to the Nemo "bridge" recently appeared in an advertisement of one of the greatest New York stores:

THE NEMO CORSET HAS A "BRIDGE"
—But it is not a Bridge of Sighs—on the contrary, it eliminates sighs and size, for it permits perfect breathing, and, while giving a straight front, it is so scientifically designed that the abdomen is not in the least crowded.

When you look at the corset, you can't see this bridge which connects health and comfort; but when you put it on, you realize that in the front it is different from any other corset, for there is no pressure against the abdomen.

Undue pressure upon the stomach region is one of the most common corset-faults; also one of the greatest dangers of corset-wearing, as it may cause digestive troubles, headaches, and a host of other ills.

You have read how Dr. Patterson, of London, at a clinic of the Clinical Congress of Surgeons (Chicago, Nov. 14), made a new pylorus to do the work of an atrophied one—the injury having been caused by wearing corsets that "pinched" over the gastric region. *This injury would have been prevented by wearing a Nemo Corset with the Nemo "bridge."*

A NEMO FOR EVERY FIGURE

With Lastikops Bandler	5.00
With Lasticurve-Back	3.00
With Limshaping Extensions	4.00

—and a dozen other models, for very slender to extra-stout figures, all with the Nemo "bridge" and other hygienic features, representing more than a hundred patented inventions. Sold everywhere. Literature Mailed on Request.

KOPS BROS., Manufacturers, New York

The doctor, to whom grape juice was first advertised, was quick to perceive that it possessed two distinct and characteristic advantages as a hygienic and therapeutic agent; first, that it affords one of the few means at our disposal between nutritive substances on the one hand and medicinal substances on the other; second, that it contains a large proportion of sugar in a highly digestible form, well balanced by the presence of salts, especially the potassium salts, which are so essential to the human economy. In these two respects grape juice stands almost alone among the articles of dietetic therapy.

It is, of course, important that a good grade of grape juice be employed. This is best insured by prescribing that which is prepared by reliable firms, such as those whose advertisements can be found in our advertising columns.



Audiffren-Singrun Machine

Refrigeration secured by the Audiffren-Singrun machine is applied to practical service by pumping the brine which has been cooled up to and through the cooling surface, which may be placed in the refrigerators to be cooled. Various designs of cooling surface have been developed for use with the machine, a number of which have been developed in this country in adapting the machine to the different conditions existing here.

The ice which is made by these machines is made from the same supply from which the drinking water is drawn. As a result the ice may be placed directly in the water without any possibility of contamination, and without the flat taste that distilled water ice has.



Bad Breath

Formamint Tablets will be found a most pleasant and effective means to prevent or remove bad breath.

They are particularly useful wherever there are softened and bleeding gums, broken or decayed teeth, "gum boils," ulceration, or an unhealthy condition of the mouth, and are to be recommended for all persons, regardless of age or business, in health or sickness, as their primary object and effect is to guard against disease by destroying the germs that cause it.



Sanatogen

When the question of a patient's diet is left to you, what is your favorite vehicle for protein?

Protein the patient must have, and broths, teas, etc., contain almost none, while the protein of gelatine will not nourish.

Sanatogen is about 95 per cent. pure effective protein; the other 5 per cent. is a quickly assimilated salt of phosphorus, essential to furnish the nerve force that the patient must have to complete his convalescence.

There are full details in a booklet we have had written especially for you. A free copy awaits your order, together with sample of Sanatogen. The Bauer Chemical Company, New York City.



Robinson's "Patent" Groats

If you have never tried making gruel from Robinson's "Patent" Groats, instead of using oatmeal, try it. Your patients will not rebel at drinking this delicious gruel.

Take one tablespoonful of "Patent" Groats to half a cupful of cold water, mix to smooth, thin paste, add a pint of boiling milk, stirring constantly; let it cook ten to fifteen minutes, add salt to taste and a little butter, and sugar if patients like it sweet.

Send to James P. Smith & Co. for book giving full directions. See advertisement in this issue.



The Pneumonia Convalescent

While the course and progress of acute lobar pneumonia is short, sharp and decisive, the impression made upon the general vitality is often profound, and apparently out of proportion to the duration of the disease. Even the robust, sthenic patient is likely to emerge from the defervescent period with an embarrassed heart and general prostration. In such cases the convalescent should be closely watched and the heart and general vitality should be strengthened and supported, and this is especially true as applied to the patient who was more or less devitalized before the invasion of the disease. For the purpose indicated, strychnia is a veritable prop upon which the embarrassed heart and circulation can lean for strength and support. As a general revitalizing agent is also needed at this time, it is an excellent plan to order Pepto-Mangan (Gude), to which should be added the appropriate dose of strychnia, according to age, condition and indications. As a general tonic and bracer to the circulation, nervous system and the organism generally, this combination cannot be surpassed.

Table of Contents

	PAGE
THE INADEQUATE PROVISION FOR MEDICAL SERVICE TO THOSE OF LIMITED MEANS <i>John K. Howard</i>	133
PIONEER TEACHING OF SOCIAL HYGIENE..... <i>Alice M. Smith, M.D.</i>	137
THE NURSING OF THE FUNCTIONAL NERVOUS DISORDERS FROM THE VIEWPOINT OF PSYCHO-THERAPY..... <i>Malcolm S. Woodbury, M.D.</i>	141
CONSERVATION—THE WASTE OF HUMAN ENERGY IN HOSPITALS <i>Minnie Goodnow, R.N.</i>	145
THE NURSING OF CHILDREN..... <i>Zula Pasley, R.N.</i>	149
SOME COMMON COMPLICATIONS OF THE PUERPERIUM..... <i>Alice Hutchins</i>	152
PHYSICAL TRAINING FOR NURSES..... <i>Leonhard Felix Fuld, Ph.D.</i>	154
SUGGESTIONS FOR A NURSE'S BAZAAR AND ART EXHIBIT..... <i>M. L. S.</i>	156
DIET FOR YOUNG CHILDREN..... <i>Rosamond Lampman, R.N.</i>	158
DEPARTMENT OF PUBLIC WELFARE.....	160
GLEANINGS FROM MEDICAL LITERATURE	162
EDITORIALLY SPEAKING.....	164
THE HOSPITAL REVIEW.....	168
THE EDITOR'S LETTER-BOX.....	173
IN THE NURSING WORLD.....	177
BOOK REVIEWS.....	190
NEW REMEDIES AND APPLIANCES.....	192
THE PUBLISHER'S DESK.....	198

IN THE NURSERY

no soap has a wider range of hygienic usefulness than

PACKER'S TAR SOAP

Pure, devoid of free alkali, and possessing notable cleansing, emollient and healing properties, this high-grade soap used daily in the bath is of unexcelled value for keeping a baby's skin and scalp active and healthy.

For over forty years, **Packer's Tar Soap** has been used and recommended by countless physicians and nurses who have become acquainted with its purity and special qualities.

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York City

When you write Advertisers, please mention **THE TRAIEED NURSE**

A Simple, Cheap and Efficient Outfit for the Murphy Drip

Combined with

A Practical Apparatus for Keeping the Solution Warm



The Dropping Attachment known as the Meinecke No. 20 Drop Attachment Set (or Proctoclysis Outfit)

In writing us about our No. 20 Drop Attachment Set (which is illustrated on the right in combination with the Meinecke Saline Solution Heater), Dr. J. B. Murphy, Chicago, says:

"It is an excellent device, and as well adapted to the administration of Proctoclysis as any instrument I have so far seen. At the price you are selling it, it seems to me that it will become very popular."

The main features of our No. 20 Outfit are the Improved Dropping Attachment and the Attachment for the escape of fecal gases and any return flow.

The Dropping Attachment (which is our No. 2 Drop Attachment Set as illustrated on the left), consists of a specially constructed Glass Nozzle (A) and a Metal Screw Compressor (B). The Glass Nozzle is joined to a Glass Connection Piece (D) by a piece of Rubber Tubing (C) on which the screw compressor is secured. The number of drops per minute can be regulated by screwing down or opening up the Metal Screw Compressor (B).

After the required number of drops have been regulated by the screw compressor, it is unnecessary to touch the screw compressor again; as to shut off, or open up, the flow it is only necessary to shut off or open up the ratchet shut-off which is placed above the screw compressor.

For use with this Outfit we recommend our 2 Qt. Seamless Graduated Irrigator No. 2258. In addition to being fitted with a detachable Metal Spout, this Irrigator is graduated in Grams, Ounces, Pints and Quarts.

The Heating Apparatus known as the Meinecke Saline Solution Heater (Patent Applied For)

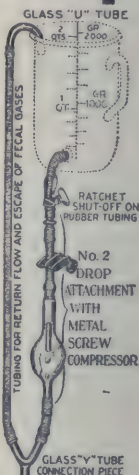
At present the Solution is generally heated before it is put in, or while in, the Irrigator, and then kept warm by various devices. None of these are satisfactory, because the Solution, coming drop by drop, gets cool before it reaches the patient.

With the "Meinecke" Saline Solution Heater (which is shown lying on the bed in the illustration below), it is not necessary to heat the solution before putting it in the Irrigator, and yet the solution will reach the patient at a temperature of between 95 and 105 degrees.

The Heater consists of our regular Metal Hot Water Bottle with a brass tube running diagonally through it. Through this tube a 12-inch length of rubber tubing is drawn, which has a glass connection piece at both ends, and the solution flowing through it comes in contact only with rubber and glass. After the Bottle has been filled with hot water it is placed on the bed and the regular Drop Attachment Tubing is attached to the upper end connection piece, while the rectal tube is attached to the lower end, thus remaining close to the Heater. The Solution, coming drop by drop from the Irrigator, becomes warm as it passes through the Heater and just before it reaches the patient.

By wrapping or covering the Heater, it will retain its heat for many hours, and when the water does begin to get cool it is a simple matter to detach the tubing and re-fill the Heater with hot water. The Rubber Tubing running through the brass tube in the Heater need not be withdrawn when the Bottle is being re-filled.

Enlarged View
(1/3 Actual Size)
No. 2 Drop Attachment Set as used on the No. 20 Outfit.
A-Glass Drop Nozzle
B-Screw Compressor
C-Rubber Tubing
D-Glass Connection Piece
This No. 2 Outfit can be attached to the Tubing of any Irrigator



Net Prices to Hospitals Only

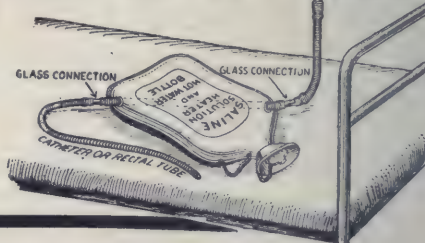
No. 20 Outfit, complete with Saline Solution Heater, 2 Qt. Seamless Graduated Irrigator, Tubing, etc., as illustrated on right.....	each, \$7.50
No. 20 Outfit, without Heater, but with Graduated Irrigator, Tubing, etc.....	each, \$3.00
Saline Solution Heater only.....	each, \$4.50
No. 2 Drop Attachment Set, (as illustrated on left).....	per dozen, \$7.20

10% Discount on Full Dozen Lots
Doctors and Nurses supplied at 20% above these Prices

MEINECKE & CO.

ADVANCED SPECIALTIES FOR
HOSPITAL AND SICK - ROOM

48-50 Park Place, New York



The Trained Nurse and Hospital Review

VOL. LII.

NEW YORK, MARCH, 1914

No. 3

The Inadequate Provision for Medical Service to Those of Limited Means*

JOHN K. HOWARD

When it comes to towns and cities too small to possess specialists, the problem is greatly intensified. In the rural townships, especially, where the experience of the physicians in lines requiring special training is of necessity meagre, the condition is extreme. Not only serious diseases and conditions requiring major surgery are neglected, but ailments and defects requiring but the touch of the skilled hand, go uncared for. This state of affairs has become known especially in connection with medical school inspection where, when a visiting inspector or nurse discovers defects of eyes, ears, teeth, or throat, there is often no way by which to remedy them. To no one is this situation more disheartening than to the country doctor himself. He carries a responsibility that the city man knows little about, and will, in most instances, welcome any promised relief. What this relief may be is suggested by the small cities fortunate enough to have hospitals, each of which has on its staff of consultant surgeons and specialists from the larger cities. These men will evidently go almost any distance to serve humanity, with or without a fee, and it is but a question of organization to arrange clinics for such men when they are at hand, and but a step from

this to asking them to come especially for such a clinic. This can be done with or without a hospital, and every town of whatever size should be able to provide a room and an emergency bed or two for cases needing such care. Eye clinics, dental clinics, nose, throat and ear clinics, orthopedic and tuberculosis clinics are needed and could be arranged for any community with an interested group or individual to work for their establishment. A year round dispensary a small community does not need, and does not want; but it does need, and can have, occasional visitations from the specialists who serve the different dispensary departments of the city. In a State like New York, where the State is to establish sanitary districts with a State health officer in each, it is easy to imagine a permanent staff of experts going from town to town of the State holding clinics. Tuberculosis, for example, will never be stamped out until such provision is made for discovering the incipient cases in country districts.

The medical profession can rightly command the admiration of all for its wonderful devotion to charitable service. Many physicians have felt keenly the increased pressure upon some members of the profession due to the advance of dispensary treatment

*Continued from February number.

in large cities. This growth of dispensary work is in part because the dispensary meets a real need of the public, a need not confined to the very poor, but even greater among those who are clearly above the poverty line, greater because the number of those above the line is, fortunately, larger than the number below.

The establishment of self-supporting dispensaries with salaried physicians would be ultimately of great benefit to all the medical profession, providing the local practitioner with the opportunities for consultation with specialists, to his own benefit and that of his patients, and providing the patients and the public as a whole with a service, which would be sufficiently economical to make possible the realization of the preventive as well as of the merely remedial function of scientific medicine.

The final great lack in the medical service provided for persons of limited means is concerned with the care of the sick in their homes, and in particular the nursing service. In the first place, the training which nurses receive today is obviously not suited to prepare them for nursing in private homes. If the homes have servants enough to render the sick-room similar to a private room in a hospital, well and good; but such is seldom the case. Some way must be found to give nurses who are to do nursing in private families preparatory experience in just this kind of service.

Even so, the \$25-a-week nurse is obviously beyond the means of persons of moderate income. The graduate nurse on district work might be of great service to those who want to pay the full value of what they get, and in many small towns the district nurse is used by families of all the different economic grades; but in the cities the district nurses are intended for the poor. Others are invited to use them also, but the district nurse is too clearly identified with charity to be popular with the independent family. There are exceptions to this, fortunately,

and it is to be hoped that means will be discovered greatly to extend the use of self-supporting hourly nursing service. But even so, the chief need of the sick will not be met. The district nurse and the Red Cross Rural Nursing Service is being hailed with delight by those concerned for rural welfare, and undoubtedly the district nurse is going to be one of the chief factors in reforming the health conditions in rural districts; but she is not going to be this because of her nursing, but because of her teaching. How many rural homes could a nurse visit for an hour in one day?

The most certain cause of sickness in every normal family is childbirth. The district nurse, in city and country, cannot attend confinements. What is needed here, as in most cases of real sickness, is resident service. In families of moderate means, the mother usually does her own housework. When she is sick what she wants most, especially if the children are young, is not some one to look after her, but some one to look after the children and the house. And even if she does need nursing care, as during a confinement, that care will do her no good unless it extends to the entire household. In the old days friends and relatives used to be relied upon for such service, but in the country all unattached individuals have fled to the city, and in the city there is seldom time for neighborliness. The last census showed eight million people living in States other than the ones in which they were born. Under such circumstances relatives are at a premium. The chief need of the family of moderate means, when there is sickness, is a common-sense woman with a hand for nursing. Since we haven't unattached aunts enough to go around, this woman must be hired. The practical or experienced nurse is the woman who has arisen to meet that need, and a world of comfort she has been to many a home; but the country doctor finds her too independent and the trained nurse finds her undertaking

cases far beyond her skill and getting wages far beyond her value. There seems but one way for the public to protect itself against such shortcomings, and that is to grade, license and supervise all women doing nursing for hire. The American Hospital Association, which has given more study than any other body to the problem of nursing for persons of moderate means, at the meeting in Boston last August heard the report of its committee which recommended the following grades for nurses:

"Grade A—Registered or Graduate Nurses: This grade shall include regularly trained hospital graduates who have met the requirements recommended by the American Hospital Association or who are registered or eligible for registration, in such States and Provinces as provide for registration.

"Grade B—Certified Nurses: This grade shall include those who have taken courses in training of not less than one year in special hospitals, or in hospitals which are unable to comply with standards for complete training fixed by the American Hospital Association in 1909, or who are for other reasons unable to meet the requirements for Grade A, but who have had not less than one year of hospital training.

"It shall also include those who have met the theoretical requirements for this grade, and have acquired experience under proper supervision in private homes, for a period of not less than one year and four months, or sixty-eight weeks, during which time not less than twenty different patients have been cared for, including medical and maternity patients.

"Grade C—Household Nurses: This grade shall include all nursing for hire who are not eligible for and included in either of the other classes or groups, those who have taken short courses by class instruction or secured private tuition, and also the very large group of workers who have had no prescribed training, who have been pressed

into this form of service, by physicians in order to meet the great demand for this class of helpers."

This report was not adopted, but the Committee continued and enlarged to give the matter further study.

Whatever nurses are called, or however they are graded, all kinds of nurses there will continue to be. The important matter is to see that the right kind gets to the right case. To do this efficiently there should be an organization with all the kinds on tap. Such an organization has already been developed, experimentally. At its head is a graduate nurse of the type of a hospital superintendent. Under her are two other graduate nurses, one doing regular hourly nursing, the other the obstetrical cases. Under the second is a staff of what the American Hospital Association Committee would call "household nurses." On the registry are the names of available graduate nurses and of women who will do all kinds of domestic service by the hour. When a call for a nurse comes, the needs of the patient and the family are inquired into, and the superintendent sends out on the case whatever the conditions call for, be it hourly service or weekly graduate nurse, household nurse or domestic helper. The household nurses are sent only upon such cases as they are suited for, and if the case develops beyond their skill, the class supervision reveals the fact, and the nurse is replaced by a graduate.

The intention is to furnish the highest grade of skill required, as soon as required and as long as required—no sooner, and no longer—at the lowest price consistent with the cost. Believing that charity should be administered only by trained social workers, and that if identified with charity the service will be refused by many who need it most, the organization does no charity work, either through the reduction or remission of fees. It does claim, however, to offer to those wanting care for the sick poor, the most economical agency through which to

furnish it. This kind of organization seems to have all the essentials for safe, efficient care of the sick in their homes. And especially it seems to provide the families of limited means the kind of service they most need.

There has recently been formed a Bureau for the organization of the care of the sick in their homes, whose object is to study this problem further, by careful inquiries into the actual needs of families in which there is sickness, in different types of communities, to assist in developing the kind of service which seems most likely to meet the needs revealed in such studies, and to cooperate with communities wishing to make such studies or to organize such service. This Bureau will soon be ready for business. The names of its members are well known to most of you. Your Committee is authorized by them to bespeak your cooperation. Inquiries may be sent to Mr. R. M. Bradley, 60 State Street, Boston.

What the rural districts are to do for such nursing service is a puzzling problem. Visiting nurses there must be for every hamlet, and the Red Cross Rural Nursing Service must cleave the way. Resident nurses will probably have to be sent out from neighboring towns and cities, and this will be entirely feasible as soon as the nursing service of the larger towns is sufficiently organized. It is probable, also, that the fast multiplying county improvement associations will be able to add nursing to their other lines of work, as some of them have already done. In this case a complete system of nursing to

cover every district would be only a matter of organization. The only expense aside from the office would be the salary of the supervising nurse, who could earn part of her salary by hourly nursing. The other nurses should all earn their salaries.

We have tried to show you in this report some of the most obvious needs in the medical service for families of moderate means. To recapitulate:

1. Provision for moderate priced semi-private rooms in hospitals, the doctor receiving a proportionate fee.

2. Protection from ignorant and dishonest doctors, through raising the present standard of admittance to practice in Massachusetts, at least to that of other States, and by a more direct supervision or control of those practicing, as is now the case in contagious diseases.

3. Provision for specialized medical advice at reasonable prices, through self-supporting dispensaries, and organized district clinics.

4. Provision for better nursing care in the homes through the organization and supervision of the various kinds and grades of nurses to meet the special needs of each family.

In conclusion, we want to urge upon the members of this Conference, and upon the public, more time and thought for the needs of the patient of moderate means. We believe the result will be the prevention of the too frequent process by which the patient now lands, a physical, financial and moral shipwreck, at the doors of charity.

Pioneer Teaching of Social Hygiene*

ALICE M. SMITH, M.D.

WHEN in 1911 President Zeller, of the University of Puget Sound, honored me with the invitation to deliver a course of lectures on this most vital of subjects—perhaps the first of their kind in the history of the universities of the world—I hesitated to assume the responsibility, lest failure should bring about discredit not only to the University, but also to the course itself; yet so firm were my convictions that some system of instruction must be evolved whereby children may be protected through sound knowledge of the sex function, rather than their minds be stained by misleading error and their bodies injured from habits taught them by the vicious, I felt impelled in the interests of humanity to contribute my small efforts to the solution of the problem and so accepted this first Chair in Social Hygiene.

The importance of my subject and the fact of not having any authorized course of instruction to follow, gave me many anxious hours. There being several months in which to prepare for the work, I examined many of the books of sex-instruction offered as textbooks and guides to both children and adults, parents and teachers. For various reasons—which I may not take the space to enumerate—I discarded them and came to that state of dejection that it took all my courage not to abandon the project at the outset. Finally, I decided to experiment along the lines of the medical sciences and sociology.

The first lecture was a learned treatise on the evolution of the family from savagery to the present time. It was a monumental failure, because the students had gathered to

study eugenics rather than ethnology; however, it served the purpose of introducing my subject and of demonstrating to them that I felt a profound reverence for nature's scheme for race-continuance; also, it allowed me to explain that these lectures were experimental and the responsibility for their success must be shared alike by students and teachers—which impressed them favorably toward the subject.

I found that my class was made up of girls and women, from the ages of thirteen to thirty-five—adolescents, spinsters, wives, mothers, widows—some of whom had been teachers—and all departments, from the Academy to the graduating class of the University, were represented. Inasmuch as these lectures were introduced as an optional course and no credits given, it was imperative that all of the class should be interested all of the time. So I tried to make the subsequent lectures popular in their appeal, as well as rational and scientific in their last analysis, and of such character as should arouse elevation of sentiment toward the creative energy—explaining that through us only does God continue the human race.

I construed this work to be a preparation for good citizenship rather than the preliminary training for a medical education, and that the necessary anatomy, physiology, hygiene, pathology, psychology and ethics should be taught from the sociological-hygienic viewpoint, with special consideration for the individual's relation to society and personal welfare; and so, in presenting scientific data, I went on to a discussion of the direct application of said data to the individual and to society—always making the dissertation impersonal—something which they must guard against in their pupils or their children, when they should

* The writer begs the indulgence of the reader for the use of the first person, singular, throughout the report of this experiment in the teaching of Social Hygiene to a large class of girls and women.

become teachers, or wives and mothers. This method enabled me to treat the most necessary and delicate topics truthfully, and without injuring their sense of modesty.

The moral confusion of the general public in regard to the teaching of social hygiene in the public schools seems to be due to the ineffacable impression that nature's plan of generation is one of shame, which impression must be controverted—for this degradation of sentiment tends to relax the moral fibre and allows the animal nature to have dominion over the moral life of the individual—all of which unfits the person for marriage and good citizenship. Therefore, I endeavor to impress upon their minds that there is nothing in the sex-functions of which to be ashamed, unless there is degradation of the same through lack of self-control and the consequent misuse of passion. Believing that nature and truth are pure, I assumed that we need make no apologies for truth. This opinion proved to be acceptable to the class.

As most girls are in love with love and hedged in with a vast growth of illusions which, if shattered too rudely, may wreck their lives, my endeavor has been to replace said illusions with equally attractive but more practical ideals, which need not be discarded or outgrown. To this end, I point out the dignity of girlhood, womanhood, wifehood, motherhood; of boyhood and manhood, and of the importance of woman in the scheme of nature, which scheme makes mother and offspring the family unit; and that, regardless of sex, one should have pride in a well-developed body and consider it sacred. Also, great care is taken to instil a love of work for the benefits it confers on the individual's welfare. Their attention is called to the significance of the Book of Nature—written in mountains and microscopical organisms, alike, and from pole to pole by the Omnipotent—that man may learn his limitations or achieve greatness through wrestling with the problems set

therein for him to solve, and, by living according to the laws governing human life, enjoy a ripe old age. So, too, they are advised to test any system of ethics, religion, or government, by noting their beneficent or malevolent effects upon the mental, moral, and physical conditions of the masses.

Inasmuch as the food quest and the offspring are the chief functions in the lives of all animate nature, it naturally follows that marriage and the rearing of the family represents the main business of mankind; it is, therefore, but reasonable to expect that the partners in the marriage contract should have a full realization of the responsibilities which they incur—when they assume the functions of a Creator and bring a new being into the world—and endeavor to make a success of their marriage, also to give the best in health and heredity to their offspring. Much care is taken to generate a sentiment of interest and inspiration for the new being thus called into life, that a joyful anticipation of motherhood may be looked forward to as the greatest good that may come to one in this world. The necessity of the family, not only for race-continuance but for the happiness of the individual, is dwelt upon, showing how nature has provided that there may be children, grandchildren and great-grandchildren to keep the mind normal and the heart young, because it seems to be a natural law that we should have an intimate association with children and youth so long as we live.

If offspring be so essential to happiness and race-continuance, then how necessary it is that said offspring shall have the right heredity and environments to make them good citizens. It is this wonderful formative work that makes woman's life so interesting—her functions so important to society. No experience in life can be of such absorbing heart-interest as that of an intelligent mother, luxuriating in the knowledge and joy incident to the new life developing within her body—the building of the

soul of a little child, in which are blended the characteristics of the parents and of the immediate ancestors. Consequently, it is imperative that girls keep their ideals high to be worthy of the great work they have to do as mothers, as teachers, and as citizens. The ancients considered the generative principle so sacred that they instituted Phallism, or sex-worship.

Passion, love, the sexual impulse, with its natural phenomena and relation to the soul of man and race-continuance, are explained as a God-given sex-desire calling for a mate, and comes from the spirit. Passion is the inherent attracting and impelling power of the innermost life. Inasmuch as the sexual emotions are irrepressible, whereas the sexual control may be suppressed at will, it is necessary that the mind should understand and the will control the conduct of the body. The quest of food is imperative to the life of the individual. The sex-function is necessary for the continuance of society, but sexual activity is neither necessary to the life nor the health of the individual. Therefore, continence in the unmarried is advisable, and a high standard of morality for both sexes should be maintained in the interests of the individual, the family and society. The fact that this creative instinct may express itself in any other walk of life and yet fulfil the creative passion is emphasized in considerable detail. Thus the love for one's work, whether of art, literature or science, or even in the everyday duties, illustrates how this inner force may be converted to definite uses. For this reason, nature has made work essential to the health and highest development of mankind, that it may teach self-control and transform the creative energy into physical strength and mental activity.

Responsibility in marriage and the principal causes of unhappiness and marital shipwreck receive due consideration. Marriage is a serious business partnership, and a wife's duty is to be her husband's helpmeet and

companion, not a sponge and driveller—a social parasite. As men labor to support their families in times of peace, or sacrifice their private interests to go as soldiers to protect their families and their country from foreign invasion or internal revolution in times of war; so must wives—except in special cases where the welfare of the offspring and society are concerned—be willing to risk their lives to bring forth a new generation as their contribution to the world's work and the national defence and honor; and—except they are willing to do their full duty as wives and mothers—they have no moral right to demand the protection of society for themselves.

Then follow the lessons in pelvic anatomy which are given with the aid of the skeleton and illustrated stereopticon lectures. In conjunction with anatomy, the physiology, hygiene, pathology and their special relation to maternity are carefully presented, tracing cause to effect and how to prevent avoidable invalidism. By doing away with the awful mystery and shame enshrouding sex-knowledge, the nameless fear, which terrorizes most women through all the days of their travail at the thought of the dangers incident to childbirth, a beautiful self-poise is developed, which is of inestimable value to a woman's peace of mind. The differential anatomy of the male from the female is treated after the same method, and nature's wise provision for the protection of a man's chastity and the preservation of the race is explained, that they may teach their sons this newer morality, which is justice to society. The necessity of inculcating a father-spirit in boys is advocated.

Then follows a study of the new being. The germ-plasm of father and mother is traced from their union to the development of the embryo and the birth of the babe and from then on through the various periods of stress to old age and death. The common tendencies as to faults, virtues, weaknesses strength, or special diseases of the different

periods of life are indicated and their danger-signals and the salvage efforts to be made are suggested. The pitiable condition of immoral women and the keen competition among them are pointed out, as also are the wonderful possibilities of our democratic country for a rise to high positions of trust and honor, through a right direction of one's energies. Extreme emphasis is laid upon the foolishness of limiting one's sphere to the vicious circle—from which there seems to be no escape for its victims—when, by the building of character, all the privileges of the best in life are open for the winning.

By this time, the students have reached a state of reverent appreciation for the sex-function, responsibilities and privileges as future mothers and teachers, and the venereal diseases are revealed to them—also from the sociological viewpoint. They are made to understand and to feel the terrible wrong it is to inflict these diseases upon their offspring. They are told that no punishment known to man is so far-reaching in effects as that due to the venereal sins; and, if one lives, nature collects heavy interest on such debts against society and the individual; how these diseases contribute an enormous proportion of their victims to the dependent classes; and of the consequent excessive economic loss to society thereby, because of their deaths or changed position from that of an independent worker to the parasitic incubus upon their family, or as a public charge, increasing the burdens of the taxpayers. Society has a right to demand to be protected from the venereal peril—always the sociological argument, which invariably appeals to the student's reason and sense of justice, without doing violence to modesty or religious bias, and wins approval.

The realization that intelligent care of the young and the wise use of their political power for the protection of the family and the nation—regardless of politics or party—will prevent most of the evils from which

society suffers, seems to give an added interest and zest to the training and rearing of children, and a sacredness to the family relations which involves high ideals for the home.

This, in brief, may be considered as an abstract of the work from the beginning to the present time.

In conclusion, I may say that could any skeptic come close to these students as I have done as teacher, physician, friend, they would be converted to the belief that the teaching of social hygiene in the schools would be of great sociological and spiritual value in the education of the young for good-citizenship. To see the serious attention that young girls and women give, that they may be better wives, mother, teachers, shows that it is very much worth while. In no single instance have I heard of the misuse of this information. The results have been closely watched by the faculty and those students who have been mothers or teachers, all of whom are interested in this educational experiment—which they may consider peculiarly their own. Certainly, I am greatly indebted to the beautiful spirit in which the student body entered into the work, for the moral support of the faculty and of the university trustees for the success I have had in teaching social hygiene.

I am of the opinion that the subject may be introduced in any school, providing that the teacher be a woman physician of high moral character and who has been graduated from a reputable medical school, and has had an additional training in sociology for the girls, and a man of the same high attainments for the boys! But should only one person be employed for the work of such a department, then that person should be a woman.

If we say ignorance shall save us, yet are our obligations still with us.

Nothing is more terrible than active ignorance.

—Goethe.

The Nursing of the Functional Disorders from the Viewpoint of Psycho-therapy*

MALCOLM S. WOODBURY, M.D.

THE various manifestations of the functional nervous disorders are scarcely less troublesome than the historic Biblical demons and, like them, "their name is legion."

Individuals suffering from certain of these disorders consult physicians and require careful nursing, many others do not at all consider themselves subjects for medical attention. For example, one can hardly conceive of Joan of Arc as feeling under the least necessity for asking a doctor to explain the strange voices which inspired her.

We will confine our attention this evening to certain phases of hysteria and the psychasthenic and neurasthenic states.

It is a thoroughly well-understood fact that no amount of general hospital or sanitarium training, *necessarily*, produces nurses who are adapted to the care of this class of cases, though constant, intelligent observation is of inestimable value in developing nurses who can successfully cope with such patients. The nurse, as well as the physician must, first of all, appreciate certain definite principles which are absolutely fundamental.

1. *Accuracy of diagnosis* is of the greatest importance, for we are not dealing with malingerers, but *with the truly sick who need help*, and for whose treatment correct diagnosis is as essential as it is in meeting any other medical problem.

2. Contrary to a popular theory, these patients need carefully directed external help, *not self help*. The attitude of many of the self-help books is paradoxical, for it is perfectly evident that whatever help is derived from such publications is not self-

help at all, but the educational aid which the book, an external help, affords.

3. Many of the nervous disorders are secondary to organic, metabolic and infective processes. In such instances the greatest emphasis must be laid on these underlying conditions. This is a phase of our subject which we can merely mention on this occasion.

4. *The nervous invalid is a sufferer who does not enjoy the condition by which he is handicapped; furthermore, he is exceedingly anxious to overcome it.* It is perfectly true, however, that nervous conditions may and frequently do greatly exaggerate previously existing selfish tendencies.

5. If one is to get a viewpoint from which he can justly judge cases of the type under discussion; if he is to maintain the patience and tact which are absolutely essential in their re-education, he must bear in mind that had he himself come into the world with the same heritage, and had he subsequently been subjected to the same environment, his own state would be not one whit different from that of his patient.² One must then view himself as a new element in the patient's environment and must endeavor to make that element so predominant that, when the ideal result can be accomplished, the patient is ultimately led back to a normal way of thinking, acting and feeling.

6. It cannot be too strongly emphasized that the conditions which are susceptible to psychic treatment are *primarily the result of wrong education*. The task of the physician and the nurse is to root out erroneous impressions, which unfortunately are often

* (1) Read before the Alumnae Association of the Clifton Springs Sanitarium Training School, contributed to the Trained Nurse.

(2) Paul Dubois: The Psychic Treatment of Nervous Disorders.

very obscure, and to replace these by normal impressions by carefully planned progressive re-education. In other words, in the conduct of treatment one endeavors to make his patient illustrate that bit of sacred philosophy: "Ye shall know the truth and the truth shall make you free."

For an intelligent application of psychic methods of treatment, one must have some knowledge of the psychological principles³ which underlie the conditions to be treated.

1. *Psychological Principles*—"Unhealthy states of mind often produce unhealthy bodily states." Thus, apprehension, anxieties, introspection, fear of disease or belief in fictitious disease, unfounded doubts, not only produce physical states of depression, often accompanied by local symptoms, but also, if they persist and are sufficiently intense, they may become phobias or definite psychoses, as, for example, anxiety psychoses.

Case I—Miss R. has thought for many years that she has had a serious heart lesion, consequently that it would be very dangerous for her to be left alone. This thought had become so fixed in her mind when she was admitted to the sanitarium that she had developed attacks of pseudo-syncope, which to her were very real and very distressing. With analysis and re-education, she is gradually but progressively improving.⁴

Case II—Miss B. has for two years been afflicted with a dreadful fear that she was gradually becoming insane. On admission she interpreted various nervous and physical phenomena as evidence of the approach of mental failure. A few re-education talks have apparently cured her.

2. "Emotional shocks produce definite after effects."

Case III—Miss D. was in the Manchester railroad wreck, in which a number of persons

were killed. She received no physical injury, neither did she think she had been injured. She was in excellent health up to the time of the wreck, but subsequently developed repeated attacks, in which she complained of bursting sensations in her head, and when these sensations appeared she became apparently unconscious, failed to respond to needle pricks, and on superficial observation appeared to be in a rather serious state. The attacks were most distressing to her and quite incapacitated her for her work. Analysis which brought to the patient an insight into the psychology of her condition, together with educational persuasion, relieved her. She is now attending to her usual vocation.

3. "In all persons, to some extent, and in some persons to a great extent, suggested ideas tend to work themselves out to fulfillment. Likewise, ideas originating in the mind of the person himself may induce the same phenomena. These ideas may also be removed by suggestion. This principle is best illustrated in hysteria and hypnosis."

Case IV—Miss L. was slightly injured in a railroad wreck. One leg was somewhat bruised. The patient became convinced that it was paralysed. When admitted she could not walk. Careful neurological and X-ray examination gave sufficient evidence to warrant us in the belief that the condition was functional in spite of the presence of some degree of atrophy of the injured leg. After a preliminary rest the patient was given daily graduated exercises, together with treatment by suggestion. Before leaving us she could walk a mile quite comfortably, without support. Subsequently she became submerged in litigation. The contradictory opinions expressed by medical experts, and the anxiety incident to legal action, have evidently reproduced the old condition in a much exaggerated form, accompanied by various arm and leg tics. This would appear to be a case produced by traumatic suggestion, partially relieved by

(3) Morton Prince: *The Psychological Principles and Field of Psycho-therapy*. The Journal of Abnormal Psychology, 1909.

(4) Some cases cited in the original paper are omitted, others are modified for the sake of brevity.

suggestion and again reproduced by contradictory suggestion.

Case V—This case illustrates better the possibility of relief, by suggestion, of conditions included under this sub-division. Miss S. became disgusted and shrugged her shoulders; she then got the idea that she could not stop shrugging them, and so continued to shrug them rhythmically for weeks. She was cured in one treatment by a rather lucky suggestion. She was greatly worried by her condition and insisted upon knowing its nature. Not wishing to tell her, I led her to believe that it was St. Vitus Dance, a condition which she regarded as entirely curable. The question was discussed briefly and I told her that not infrequently St. Vitus Dance entirely disappears over night, and that it is very common for patients to wake in the morning entirely cured. The next morning the spasms had disappeared. There was a slight recurrence three days later, which lasted only one day. The plan of suggestion which I followed in this case is not commendable, but it was successful. One must always bear in mind that it is the truth, properly applied, which is our mainstay, not fiction, to which I was guilty of resorting in this instance.

4. *Psychological Association*—"Ideas of various types under certain conditions tend to become associated." Such a group of ideas is conveniently called a "complex." This principle is universally recognized as a normal phsyic process, and is, in fact, the underlying principle in certain methods of "memory culture." It appears pathologically in the psychoses, and is well typified in psychasthenia, with its fears, anxieties, confusion and elaboration of thought. Aside from being instrumental in the production of purely psychic symptoms it is of considerable importance in the production of physical symptom complexes, as, for example, neurotic rose fever, in which the paroxysm may be produced by the sight of an artificial rose. The neurotic type of asthma fur-

nishes another illustration. One is reminded of the familiar story of the asthmatic who was relieved of his sense of suffocation by arising in the dark and smashing his mirror, in the conviction that it was his window. Here, again, the disorder is the result of wrong education, accidental in most instances, to be sure. But "*what can be done by education can be undone by education.*"

5. *Conservation*—Whether we can voluntarily recall them or not, there is a strong tendency to retain all our experiences, anything we have thought, seen, heard or felt. We may, as a result of this, have "unconscious complexes," and these, though often distorted, may, according to Freud, be as clear as pictures in dreams or in hypnosis, and may play a part in the production of hysteria. It is even possible for dreams to be transformed into obsessions on awaking.

6. *Emotion*, if intense and healthy, produces a sense of well-being. Depressive emotion produces a sense of inertia and fatigue. The fact should be clearly borne in mind that one may suffer from *true nervous fatigue*, as well as from a sense of *fatigue of purely psychic origin*.

Before passing to a resumé of the different psycho-therapeutic methods, it should be said that to deal with nervous patients, one should maintain the attitude of the comprehending teacher and friend of the patient, with the real desire to help him make good, regardless of the difficulties of the task. Many a nervous patient owes his or her recovery in far greater measure to tactful and diligent nursing than to the skill of medical attendants. This will doubtless continue to be true. The great majority of these patients are, when well, valuable members of society, and any nurse may well ask herself if this growing specialized field is not worthy of her consideration.

The methods of psycho-therapy may be considered under four general heads, the first two of which may be dismissed briefly,

as they are of value to the physician rather than to the nurse.

1. *Psycho-analysis*—Under this head one includes various devices by which the present and the past psychic life of the patient is revealed in its relation to his present condition. These methods are of great diagnostic aid and when skillfully applied are undoubtedly of much therapeutic value.

2. *Hypnotic Suggestion and Suggestion in the Hypnotic State*—These measures, which are necessary in a relatively small proportion of carefully selected cases, do not concern us as nursing problems.

3. *Simple Explanation and Re-Education*—Of the various psycho-therapeutic methods, this is the method above all others which the nurse may apply with the greatest advantage and by means of which she not only aids her patient, but sets for herself a definite progressive task which transforms the patient in her eyes, so that she no longer appears as a fussy, nervous crank, but rather as a psychological problem, offering far-reaching possibilities of study and of therapy. The nurse of short experience in such work must not expect prompt results, or be discouraged by the occasional absolutely in-

evitable sloughs which beset the path of every psycho-neurasthenic.

4. *The Treatment of the Fatigue States*—As far as nursing is concerned, the psychic element in this type of cases is best met by the above-mentioned plan. The element of true fatigue yields to a well-directed rest cure, which should be as carefully regulated as a slow post-operative convalescence. In many ways, in fact, there is a very marked similarity between these two methods. I have found the modified rest-cure very effective in many cases in which true fatigue has been a less important element, largely, I believe, because the rest cure patients are so well separated from undesirable surroundings and can be kept under almost ideal control. It is beyond question that the rest cure patient does infinitely better with a competent private nurse than when obliged to depend on ward nurses.

In conclusion, let me again remind you that the skillful nurse does not fall into the blunder of making the familiar demands—"relax," "control yourself." It is rather the province of the nurse to accomplish these results for the patient by less obvious and far more effective methods!

BROOKLYN has ten new commandments to obey. These are issued by the Brooklyn Tenement House Committee. They are:

"Thou shalt honor thy neighborhood and keep it clean.

"Remember thy cleaning day and keep it wholly.

"Thou shalt take care of thy rubbish heap else thy neighbor will bear witness against thee.

"Thou shalt keep in order thy alley, thy back yard, thy hall and thy stairway.

"Thou shalt not let the wicked fly breed.

"Thou shalt not kill thy neighbor by ignoring fire menaces or by poisoning the air with rubbish and garbage.

"Thou shalt not keep thy windows closed day and night.

"Thou shalt covet all the air and sunlight thou canst obtain.

"Because of the love thou bearest thy children, thou shalt provide clean homes.

"Thou shalt not steal thy children's right to health and happiness."

Conservation—The Waste of Human Energy in Hospitals

MINNIE GOODWIN R.N.

ARTICLE III

THE efficiency experts insist upon some points which we hospital people would do well to consider. They demand that each man shall be developed to his highest earning point, which means in business life that he shall do the most and the best work of which he is capable. We come far short of this ideal in hospital work, and shall never attain it until we revise our notions of what teaching is, and until we appreciate the value of personal interest and personal supervision. We have done our work by wholesale too long, it appears, and must now get back to individual instruction, with the added knowledge of short and easy methods. The old way of taking for granted that a man, or a nurse, ought to know a certain thing because he or she had seen other people do it or been long in contact with it must give way in time to the newer, more efficient way of exact, careful and individual teaching.

The claim will be very promptly made that we have no time for individual instruction. Factory superintendents make the same excuse, but the efficiency engineers have proven over and over again that time spent in such instruction is so much time and money and nerve force saved that it is the quickest and easiest after all.

There is more in the methods of the modern efficiency experts than we have realized. Factory conditions, under which they were largely developed, are unlike hospital conditions, but the fundamental principles of handling people and getting work done remain the same.

Contrast the methods of the average moderate-sized hospital with those of the

average successful business office. Too often in the hospital you find the superintendent doing a little of everything, and as an immediate consequence you find nearly every one in the institution doing the same way. Even the so-called systematic workers come far from the business ideal. In a well-ordered business office, the youngest boy is required to do all that he can and is gradually taught more, the junior clerks are reprimanded if they are found doing office boy's work, the senior clerks are reprimanded if they attend to the juniors' work. Each man knows what work is expected of him, is given enough of that work to keep him busy, and is pushed up to better work as fast as he measures up to it. The head of the firm never does anything which a subordinate can do (whether it be done as well or as quickly is not a necessary consideration, only the fact that it is lower-class work), and so has time for the frequent inspection, deep thinking and extensive planning which are needed to make the business a success and to keep it growing.

Compare this with our hospital practice of keeping a nurse at the same thing day after day, letting a senior do probationer's work even for a few hours per day, permitting a head nurse to do a pupil's work; and when it comes to the superintendent, we too often find him doing a clerk's work (perhaps with some notion of humility or economy back of it), while this mistaken conscientiousness is causing him to defraud his board of directors of work which they expected and had a right to expect.

Suppose we try for a year to do our own work and no one else's, to see that our sub-

ordinates do likewise, and watch the result. It will not be easy to start it. Practically everybody in the institution will resent it a little, the superintendent himself not the least. But insist, inspect, scold a little if need be, and keep at it. In a year's time look over your hospital and see whether you or any one else would be willing to go back to the old, unsystematic ways.

But where to begin? With the small things. Outworn traditions and faulty methods in details are responsible for much waste of time and energy. Why take off bedspreads, fold them and hang them up each night? It may save laundry which costs three-quarters of a cent per piece, while it wastes time which is worth many times that amount. Why refold sheets and other clean linen simply that it may look well on the shelves? Suppose it is a junior nurse who is doing it. Why not let the nurse care for patients and have the laundresses spend the extra sixth of a minute per piece which is needed to have it properly done? Why pin packages of sterile dressings, using many pins and much time to get them in and more time and much nerve force to get them out? Why not sew on two tapes which can be tied in an instant and opened with a single movement of the hand? Why risk lives and waste time in crawling out on window ledges for cleaning windows? Why not install windows which turn, so as to be gotten at from inside the room? Look through your own institution and you will find many things as useless and wasteful as these which have been cited.

If a nurse could but do the work of a nurse-and-a-half we should not complain so bitterly and so perennially of the shortage of nurses. Why not give her a chance to try it? One reason why our nurses do so little is our failure to provide proper equipment and materials. This is one of the points which the efficiency expert makes much of, one which he finds coming up in almost every line of work, and which is

more often than any other thing the reason why a factory, or a hospital, does not make good.

As a concrete illustration, look at the operating room, which has too small a dressing sterilizer. Some one is wasting hours of valuable time in loading and unloading and going through the process of sterilization, meantime some one else is keeping up the steam, or gas is being burnt (and paid for), not to mention the annoyance and nerve strain of the process. Less frequently do we find a small hospital with a sterilizer far too large, wasting gas or steam and time for opposite reasons. We note the operating room which has no utensil sterilizer. One institution will get over the difficulty by getting a tank in which to soak the utensils over night, the cost of tank being considerable and the chemicals a constant expense. Another wraps its utensils in cloth and sterilizes them with the dressings, wasting time and steam and providing quite inadequately for emergencies.

Have you seen the hospital which economizes (?) by using sheets on patients' beds which are a trifle too small to stay tucked in? The beds are eternally untidy and the nurses spend a great deal of time striving to remedy it, but pulling and straightening annoy the patients, while pinning takes time and tears both sheets and mattresses. The additional cost of larger sheets is less than the cost of time and nerves.

Dr. Gilman Thompson has taken up many details of this very sort in his paper read before the 1913 American Medical Association's meeting. Doubtless most hospital people think him extreme, because he would seem to sacrifice everything to the comfort of the patient and the convenience of the nurse and pay absolutely no attention to appearance. But it is going to be pretty hard to refute his arguments, or to prove that labor expended merely for appearance is right when nurses' time and efficiency and patients' comfort and well-being are sacrificed.

Another attempt at economy which results in wastefulness is our adherence to the tradition which classes certain things as women's work and certain other things as men's work. The results of this are as antiquated as the tradition. As a matter of fact, much of the cleaning usually done by women is too heavy for them, and not well done in consequence. It could be done better by men and at some saving in money. Cleaning rugs, floors, walls, brass work, etc., is never as quickly done by women as by men. The employment of men for such work invariably results in a saving of both time and money, even though the man is paid distinctly higher wages. Some of the factories have found it an economy to standardize and systematize their janitor work, giving the man a bonus in money for quick and satisfactory work, and have found that the procedure paid.

In higher-class work, such as cooking, a man is frequently found to be an economy, even at a salary of 50 per cent. more than would be paid to a woman. In an institution of any size a good chef will do much more work than a woman cook, and often knows more of economy in cooking. He can be asked for extra work, as during fruit season, for canning, preserving, etc., or for special dishes for private patients, which a woman with her lesser strength could not get time for.

Probationers and young nurses should do enough housework, dusting, cleaning beds, putting rooms in order, etc., for them to become familiar with it and to be impressed with the fact that it is in private nursing a part of a nurse's work. They should not be required to continue it day after day, and waste the time which they should be spending in the care of patients. Likewise, the making of empty beds, carrying of used trays back to the serving kitchens, scrubbing basins, etc., should not be practised longer than is necessary to acquire skill in them, but should be dropped for more skilled work

and left behind in the training to still younger nurses or ward attendants. In fact, it seems not unlikely that the ward attendant may be one of the solutions of the shortage of nurses. A nurse should not be above her job, but there is no reason why she should spend her time in monotonous repetition of things which a servant can do as well, thereby missing real training in nursing.

Too many hospitals are graduating nurses whose third year was spent in practically the same sort of work which they did in their first year, and who have not had a chance to become proficient in preparing for and helping with a delivery, knowing why a baby cries, washing a stomach, observing the fine points of pulse quality, caring for chronic cases, or doing a number of other things which will be demanded of them during their first six months out of the hospital. We shall probably have less difficulty in getting probationers and shall receive less criticism from the public when we begin to prove that we are teaching nursing rather than housework.

Head nurses frequently need their work planned for them, else you will find them spending their time in work belonging to the undergraduates. Make them responsible for a certain amount of teaching in practical work, and if they do not succeed in it, get some one who does. The system used for teaching practical work to the young nurses, which is used in the Boston Children's Hospital, is most excellent and is extremely simple. A blank is furnished for the record of each nurse, this blank containing a list of the common procedures, such as baths, the giving of enemata, douches, tray setting, poultice making, putting on of stupes, getting patients in and out of bed, feeding a child or a helpless patient, preparing for a simple surgical dressing, etc. Head nurses are required to record upon each nurse's list the date upon which each procedure was taught her and to sign their initials as those who did the teaching. The effectiveness of the

method in assuring real teaching and in tracing any neglect on the part of head nurses is obvious.

Require head nurses to be familiar with the details of each patient's condition and the treatment which is being carried out. Too often one finds that pupil nurses know more of what is actually going on than does their head nurse (often getting wrong impressions because things are not explained), or that the superintendent of the hospital or the training school is the only one who knows what the doctor is trying to accomplish. The superintendent has other things to do, and the pupils need systematic teaching in cases, not simple permission to observe at random.

In this connection, do not forget to reward good service with increased salary. It is pretty difficult to convince people of your appreciation if you pay them the same that you do the less efficient workers.

With servants, almost the only means there is of obtaining or rewarding good work is better wages. Extra time off or special privileges may do for occasional encouragement, but are ineffective in comparison with an additional dollar per week. If it be well understood in your institution that good service invariably means increase of pay at definite and not-too-long intervals, the results will be noticeable.

With pupil nurses, bear in mind that they are perfectly aware of the fact that their work is the compensation for their training, as well as the converse proposition. It is not, therefore, difficult to stimulate a nurse of any grade by her desire to get on, her ambition to be entrusted with more important work. In the case of senior nurses, we have the problem of proving to them that they *are* getting on. If they are not to spend their time in mere routine work, they must be furnished with important work, or

with cases which at least need skilled watching and expert judgment. If a hospital lacks the departments or the service necessary to furnish such work to its seniors, something is wrong with the hospital—at least so far as it proclaims itself a training school. The least which can be done in such a situation is to enter upon affiliation with one or more other hospitals which can supply variety of training.

Let us ponder for a bit over some of the statements of a prominent efficiency expert and see if his methods be not applicable to the business of running a hospital.

William C. Redfield, in his book, "The New Industrial Day," says "six plants in one industry in Cleveland, Ohio, were examined, all prosperous and contented with themselves. The result of the study was that the best of the six was running at 78 per cent. of a possible efficiency and that the poorest was operating at but 30 per cent. of a fair and reasonable standard which was common to all six.

"I have known a factory in which the product was doubled in two years without adding a man or a machine," and he proceeds to tell how it was done, by frankness and fairness with the men, by proper care of apparatus, by eliminating waste of time and waste of supplies.

He gives us some "business proverbs" which are worth consideration.

"It is not wise to destroy the initiative of your working force by looking so hard at a quarter that you cannot see a five-dollar bill beyond.

"A justly discontented force can cost you more directly and indirectly than the most expert and costly supervision can ever find out.

"It is better by self-criticism to find and correct our faults than to have the public do it for us."

The Nursing of Children

ZULA PASLEY, R.N.

CHAPTER VIII

DISEASED CONDITIONS

THE diseases most common to infancy and childhood are (1) the various forms of digestive disturbance or affections of the intestinal tract; (2) infectious or communicable diseases. In both classes of disease the nursing is all-important, and the trained nurse has opportunity for the exercise of her utmost skill.

Constipation—This is one of the ills which the mother, nurse and doctor must constantly combat. Its prevalence is doubtless due to the character of modern diet, and diet is the best means we have of regulating it.

For some unaccountable reason, most articles of diet which are laxative to a nursing mother also render her milk laxative to the child. Fruits, especially sweet oranges, apples, peaches, plums, grapes and pineapple usually have this effect. Bananas and berries are not desirable. Green vegetables are also excellent, such as lettuce, spinach, celery, tomatoes (if thoroughly ripe), string beans and tender green peas. Some of the coarser cereals, if well cooked, and graham bread or gems are suggested. A full glass of water taken on rising in the morning, either hot or cold, is advisable.

A bottle-fed baby may have oatmeal water added to its milk at any age, and the result in overcoming constipation is usually good. After the first few months fruit juice may be given a little while before meals. This may also be used for a nursing baby. Sweet orange or pineapple juice is usually the best.

A harmless and oftentimes effective remedy is half a teaspoonful of olive oil once or twice a day. Sometimes molasses or molasses taffy will have a similar effect.

The nurse or mother should have a regular time for a trial for a daily evacuation, preferably just after breakfast. This should be begun when the baby is a few months old, and continued. A little seat should be arranged so that the child is in a comfortable position.

These simple methods almost always relieve constipation, unless there is some constitutional obstacle, but they are often neglected just because of their simplicity, or because they are too much trouble; yet in the end they are far less trouble than caring for a baby who is ill through neglect.

For continued constipation which does not yield to diet, try massage of the baby's abdomen. Anoint the fingers with olive oil or vaseline and use only the tips. Begin at the right side of the abdomen, working very gently upwards and around with a kneading or rolling motion, following the direction of the colon. Deeper pressure may be used as the child becomes accustomed to it, but care must be taken not to pinch or hurt.

Temporary relief may be had from an enema of plain water, salt solution or soap suds. Very little force should be used in giving it, and the temperature should be about that of the body. A suppository of glycerine or gluten, or even soap, may be tried, the gluten being preferable for young babies.

As for the use of drugs, do not give even the simplest laxative or cathartic without a doctor's order. It is not that there may be danger, but that a permanent bad habit may be formed.

Diarrhea—This also is usually caused by food. It is most common between the time

of weaning and the end of the second year, and more often occurs in summer. It is much more common in bottle-fed babies. In the hot months eternal vigilance on the part of mother or nurse is the price of prevention, and often means saving life. Light clothing, tepid baths, fresh air, smaller amounts of food and plenty of pure water constitute the preventive treatment. If the baby is breast-fed, weaning should be deferred till cool weather. If bottle fed, the greatest of care must be used to procure clean milk, and see that both it and all utensils are kept scrupulously clean and sweet. A tendency to diarrhea may be overcome by adding to the milk or giving before meals a little barley or rice water (made by cooking the barley or rice in a quantity of water and straining).

If diarrhea appears, a dose of castor oil may be given. This will remove any fermenting or offending material from the digestive tract. At least a tablespoonful should be given, as there is no danger of an overdose, and too small an amount may simply cause nausea and prolong the looseness of the bowels, when a large dose will remove the trouble in a few hours. It is not necessary to disguise the oil when giving it to children, as they usually take it without difficulty.

Usually all food should be stopped for a half day or longer and only water given. The first food given after the attack should be albumen water or barley water rather than milk or any food containing it. Albumen water is made by stirring (not beating) the whites of two eggs in six ounces of water. Milk is apt to cause a return of the trouble.

An enema of cool water is an excellent remedy in diarrhea, from whatever cause. It may be given with safety by any one. Every four or five hours one may give several ounces slowly, letting it be expelled. The treatment is especially adapted to older children, and may relieve when other measures fail.

If in a case where diarrhea is present there is marked prostration, or any other disturbing constitutional symptom, the physician must be summoned at once.

Dysentery—This is an inflammatory condition of the large intestine which produces frequent and watery stools streaked with blood and mucus. There is considerable straining with the passages, and usually great prostration.

The disease is infectious, and for this reason the nurse should take much the same precautions which she does in typhoid, being very particular about the cleanliness of her hands, disinfecting all linen, particularly the child's napkins which are soiled by bowel discharges, etc. The child should be isolated from other children. In hospitals, it is customary to provide special nurses for these cases, and not to permit the nurse who feeds these children to change their napkins.

The care must be directed by a physician. Complete rest in bed is necessary. Milk in any form should be discontinued. Egg albumen, barley or rice water, beef juice, liquid peptonoids, etc., may be substituted. Astringent enemata or irrigation of the colon with a large amount of an astringent solution may be ordered. A double catheter or very small Kemp tube may be used for this, or the solution may be given as an ordinary enema and the child allowed to expel it, then more given, etc. The double tube is to be preferred, as it causes less irritation. Napkins should be changed when at all soiled, as chafing occurs very readily.

Cholera Infantum—This is quite similar to other diarrheal troubles, except that it is less common and much more severe. It is characterized by vomiting, stools which are odorless and composed of almost pure serum, intense restlessness and thirst, high fever with cold skin and cold extremities, grayish pallor, rapid pulse and a state of collapse. There may be coma. Death often ensues in twenty-four to thirty-six hours.

The treatment consists of frequent small

drinks of ice water, salt solution given by hypodermoclysis or by the drop method by rectum, to supply the loss of fluid. Colonic flushings with salt solution or an astringent may be ordered. All medicine or stimulant should be given by hypodermic. Hot packs or hot baths, even mustard baths, may be ordered for the cold surfaces or extremities. The child is not allowed to nurse, and is usually in no condition at first to take any food. The first food given should be very dilute.

Navel Infection—This is well-nigh an unpardonable offense, and when it occurs the blame usually falls where it belongs, upon the nurse. It may be prevented by the use of sterile dressings for the cord and a thorough letting alone. For any redness or moisture use powdered boric acid. If the redness persists, use pure alcohol twice daily, applied on absorbent cotton.

Mastitis—This is an inflammation of the mammary or breast gland, which frequently occurs during the first or second week of the child's life. The trouble is common to both sexes, and is the accompaniment of a fluid resembling milk which is found in the baby's breasts. No attempt should be made to press out this fluid, as serious damage may be done. Keep the breasts very clean and prevent the clothing from pressing upon them. If there is an active infection, necessitating lancing of an abscess, the nurse must prepare a sterile bistoury, a small dressing of sterile gauze, cotton and a narrow bandage; alcohol or a weak antiseptic solution may be asked for.

Stomatitis—This is the name given to small ulcers which appear as white or gray spots in the mucous membrane of the mouth. They may be due to a catarrhal condition; to roughness or lack of care in

cleansing the child's mouth; to liquids which are too hot; or, more frequently, to digestive disturbances. The treatment consists in keeping the mouth clean with boric or borax solution (the latter very weak), or in obstinate cases the doctor may order the spots touched with burnt alum, a weak solution of silver nitrate, or some other astringent. This may be accomplished by means of a small applicator of cotton, used while the child is crying.

Ophthalmia—This is also called conjunctivitis, since it is an inflammation of the lining of the lids and the covering of the eye. It is an infection, which may be due to the streptococcus, or more commonly the gonococcus.

Whether the infection is a simple one or of gonorrheal origin, the utmost precautions should be observed. Three rules may be laid down: 1. Isolate the child and its belongings. 2. Destroy by burning all dressings and applications which have been used. 3. Never let even a drop of solution run from one eye into the other, and *never use anything for one eye which has touched the other*.

The onset of the trouble is rather sudden. The conjunctiva is red, and there is swelling and more or less discharge. The treatment usually ordered is irrigation with some mild antiseptic solution, usually boric, and the application of ice compresses to control the inflammation.

If the ice compresses are to be of any value, they must be changed often enough to keep them quite cold. If allowed to remain on till they become warm, they are worse than useless. In most cases they need to be changed every two, or at the most, three minutes. Either gauze or absorbent cotton may be used for them; they should be small and thin.

(To be continued)

Some Common Complications of the Puerperium

ALICE HUTCHINS

PROBABLY the most common of all complications occurring in the puerperal period is the complication known as "after-pains." As a rule, these do not occur in women who are in their first confinement, but every rule has its exceptions, and so-called primiparæ do occasionally have severe and prolonged after-pains. These may be due to lack of tone in the uterine muscle, or to the presence of a clot or a shred of placenta in the cavity of the uterus. While this complication is seldom, if ever, of serious import, the pains, nevertheless, may be so constant and annoying, and so prevent the patient from resting, that some measures may be needed to relieve it. When the pains are persistent and severe, the doctor should be told of the condition. In some cases it may be necessary to use a curette to remove the cause of the trouble. In others some anodyne may be prescribed, which will render sleep possible for the patient. Simple nursing measures for the relief of after-pains are an enema of salt solution, as hot as can be borne; hot compresses over the abdomen, hot drinks, compression of the abdomen and hot water bottles. The nursing of the child, of course, aggravates the condition, which seldom persists after the third day. While the mother should be impressed with the thought that such pains are not serious in character, in actual practice very severe cases are encountered, and the nurse should not treat the condition as of no consequence. Any rise of temperature should, of course, be reported.

The condition popularly termed milk-leg by the laity is of less frequent occurrence, since a regime of strict asepsis is the rule in lying-in cases, yet it does occur and constitutes a painful complication. While the ancient belief that the swelling of the legs

after labor was due to excessive secretion of milk, which escaped from the breasts and found its way to the legs, causing the white and glazed appearance of the skin, is still prevalent in some quarters, it is now known that such a complication is due in most cases to infection, which proceeds by way of the veins and produces the swelling of the extremities. The condition is extremely painful and recovery often a tedious matter of months.

The first symptoms are usually pain, and a general feeling of stiffness in the thigh affected and the lower part of the pelvis. This is followed by the swelling and the limb becomes exceedingly painful to the touch, making the care of such a patient one of extreme delicacy.

The nursing measures consist in elevating the leg. A firm board, supported on its highest end by a block, the board being well padded and the leg resting on a rather firm pillow on the board will be needed. The leg is often bandaged after being wrapped in cotton or hot, moist applications may be ordered. When the inflammation subsides a gentle massage is often a help, but while inflammation is present the nurse should carefully avoid rubbing the limb and should exercise the greatest care when handling it or when moving or bathing the patient.

"Caked breasts," so-called, or undue distension of the breasts, is another of the common complications which the maternity nurse meets with. This condition is one for which there are many "neighborhood" prescriptions. I remember once going to see one of my girl friends, who was rejoicing over her first-born son, and while there I was much interested in the process of applying "pancakes" to the breasts, which were red, tense, and greatly distended. She told me

how much she had suffered and how nothing relieved her till her aunt came and made the pancakes and applied them. The pancakes were made rather thicker than for dietary purposes, and were put back on the stove in the frying-pan when cold and re-heated. I knew nothing about nursing then, but as I have thought of it since, it seems but one more instance of the instinct which our grandmothers used with wonderfully successful results in many cases. In the absence of better methods of applying heat, a hot pancake might serve a purpose. It has the advantage of being less clammy than a wet compress and less likely to wet the clothing. Ordinarily a hot antiseptic compress, salt or boric acid solution is used, covered with oiled silk and a bandage applied.

In other cases an ice cap affords relief and very effectually checks the inflammation. In cases of serious engorgement of the breasts the amount of fluid taken by the patient must be restricted. Gentle massage of the breasts after the inflammation subsides is commonly used, but many doctors object to either massage or the breast pump being used, while there are signs of active

inflammation present. A nurse can lay herself open to blame for future serious developments in an inflamed breast by giving massage to an inflamed breast without a doctor's order. The practices of physicians vary so greatly in the management of such conditions, and in obstetrical cases in general, that it behooves a nurse who is caring for a case to make sure of the doctor's wishes in the matter before instituting even simple nursing measures where inflamed breasts are concerned.

An important part of the nurse's work in the puerperium is the intelligent observation of the case. Very slight causes will tend to elevate the temperature of the obstetric patient. There is frequently a slight rise of temperature, due to excitement or nervousness, constipation, the establishing of the flow of milk, etc. When this rise persists beyond a few days or shows a tendency to rise rather than lower, other causes should be looked for, and the physician kept carefully informed about the case.

An increase in the pulse rate in a maternity patient should always be regarded as of serious significance.

The Odor of Iodoform

The odor of iodoform may be removed from the hands by the application of mustard. Moisten the hands with cold water, place a small quantity of dry mustard in the palm, rub it well over the hands, and wash off with soap and water. The odor can be removed from utensils in the same way, with the exception that the mustard paste should be allowed to remain on for several hours; a solution of sodium hydroxide will also answer the purpose.—*Exchange*.

Physical Training for Nurses

LEONHARD FELIX FULD, PH.D.

Member of American Academy of Physical Education.

YOU need not go to a gymnasium nor buy a special gymnasium suit to obtain the benefits of physical training. Physical training means only such systematic exercising of the muscles of the body as will result in the symmetry and the grace and in the clear complexion and cheerful disposition of radiant good health. In the course of your daily activities you are obliged to use your muscles continually. If you know how to use these muscles properly you can obtain from the performance of your daily activities all of the benefits to be derived from a systematic course in physical training. You can obtain these benefits without any inconvenience and without devoting to this physical training a single moment of your precious time, for which you have so many other uses.

I believe that nurses have special need for such physical training. Their conscientious devotion and intense application to their duties cause them to expend a larger amount

of vital energy every day than any other class of women workers. The busy life of the nurse also gives her little opportunity for complete relaxation. To assist those nurses who wish to overcome by systematic exercise the drains which the nature of their occupation makes upon their physical strength, we shall give a description of the manner in which one daily activity should be performed by you in order that you may obtain the most physical benefit from its performance.

Arising—How do you get up in the morning? Do you roll out of bed like a sailor? Or do you try to make yourself into a football by drawing up your knees and bending your back before you attempt to arise? Do you consider it an especially pleasurable sensation? It ought to be.

Try this method of arising in the morning. When you awaken lie flat on your back, fully extended, with the arms extended



FIG. 1



FIG. 2

above the head (Fig. 1). Stretch yourself and try to make yourself as long as you can. Take several deep breaths. Unhampered by the constriction of your clothes, which would prevent you from assuming this attitude during the day, you experience the novel and pleasurable sensation of feeling the blood tingling through your arteries, from head to foot. The extension of your arms above your head will develop your chest and your back will be supported and strengthened in this position. The assumption of this position each day will tend to overcome that tendency to flat chest and round shoulders which all possess who do not exercise regularly.

When you start to get up do not turn over on your side and roll out of bed. Get some benefit from the movement. Holding your hips with your hands, rise to a sitting posi-

tion without helping yourself at all with your hands (Fig. 2). You may find this movement somewhat difficult at first, because in performing it you use the muscles of your abdomen, which are scarcely ever used by you during the day. In most of us these muscles have become through disuse a mass of fat. When exercised daily they become smaller and firmer, and the size of the waist is reduced by the removal of this fat. If your abdominal muscles are exceptionally weak, it may be necessary for you to help yourself at first by placing your hands on the bed instead of on your hips, and pushing yourself up. This makes the movement much easier and also much less beneficial. This device should therefore not be resorted to unless absolutely necessary, and the hands on the hips position should be used as soon as possible.

In Scarlet Fever

In scarlet fever keep the mouth and throat washed with one part hydrogen peroxide and two or three parts of a mild solution of sodium bicarbonate.—*Exchange*.

Suggestions for a Nurse's Bazaar and Art Exhibit

M. L. S.

A NURSE'S Bazaar, given recently to raise funds for the building of a club house, proved such a success financially and socially, that perhaps some other associations may carry out the same ideas and fill their empty coffers.

Several weeks prior to the affair, doctors, friends and former patients of nurses received by mail invitations in the form of folders, which read as follows:

WANTED

Who?—(Name of recipient.)

When?—(Date of the affair.)

Where?—(Name and address of hall.)

Why?—To purchase some of your Christmas gifts.

Patronesses—.....

Judging from the number who responded in person to the above invitation, this form of advertising evidently proved effective.

On the appointed day, the hall presented more the appearance of a society social function than a bazaar. Gay pennants of the various hospitals in the county were suspended between the pillars—a simple and effective form of decoration which required little time to put up and was especially appropriate for a nurse's function.

In addition to the regulation booths in evidence at all bazars, was a unique doll shop. Each of nine local hospitals donated a doll dressed in the uniform of the institutions represented; each hospital vying with the other in the beauty of its donation and outfit. Not a detail of costume was omitted. Some of the nurse dolls had miniature thermometers and watches made to order. Several had a trunk or suit-case with street dress and evening dress, in addition. The dolls were disposed of by chances sold at ten cents apiece and brought in several hundred dollars.

During the bazaar nurses in uniform stood beside their dolls in corresponding uniform and sold chances on their charges. The number, name and address of each purchaser was recorded in notebooks, so out-of-town visitors could be notified if prize winners. This list of names will form a valuable mailing list of interested patrons for the next bazaar.

Considerable profit was derived from the grab bags, especially those for the ladies. Their grabs consisted principally of week-end outfits, made up from samples of toilet articles kindly donated by leading manufacturers of such commodities.

A special booth was given to games for convalescing children of all ages, both boys and girls. Those who have cared for sick children realize how wearisome the hours of convalescence are to active little people. To meet their needs, games were selected from the stock of local dealers, and were of such a nature that children could play with them without partners. The Chinese ring puzzles were especially good sellers.

Among the most saleable articles at the fancy work booth were the accessories for the sick—nightingales, hot water bag covers, bed shoes, fancy bath towels, etc. Medicine trays were in great demand. The outfit consisted of a small white enameled tray, a linen tray cloth, two glasses with circular glass tops and embroidered linen covers attached by means of an ivory ring, held in place by a ribbon run through two small holes bored in the glass covers.

In addition to the free programme given at intervals, a continuous amusement was in progress in a small room adjoining the hall. The following poster attracted the attention of many visitors, who followed the pointing finger to the art gallery.

ART EXHIBIT

A COLLECTION OF RARE PICTURES

BY LOCAL ARTISTS

ADMISSION TEN CENTS

The first group of patrons who sought admission came away with faces wreathed in smiles and urged their friends to visit the gallery. Great secrecy was maintained and, unlike the average art exhibit, visitors refused to discuss any of the masterpieces they had seen, but expressed themselves as well pleased with the canvases. Upon paying the price of admission, patrons passed into a room with walls decorated with unusual pictures. Instead of a collection of beautiful landscapes, aglow with the life of mountain atmosphere, fresh meadows, fleecy cloud studies, marine views with dancing waves and golden sunsets, charming portraits and other representative canvases, usually hung in an art gallery, art lovers were rudely shocked by a display of large cardboards, on which were mounted a motley collection of bottles, scissors, stomach pump, plasters and other hospital appliances, with appropriate art titles, attached to each article.

The first study consisted of several small rubber nipples attached to a string and bearing the title, "A String of Little Suckers—A Fish Study." A stomach pump furnished inspiration for a spring scene, entitled, "Return of the Swallows." "A Group of Little Shavers" consisted of several safety razor blades. Another picture was labeled "White Caps"—A Marine View, and was illustrated by three crisp white nurses' caps. A nursing bottle bore the inscription, "Oft in the Stilly Night." A bottle of castor oil suggested the title given to one of Millet's famous paintings, "The First Step." A pair of open scissors was entitled, "We Part to Meet Again."

No art gallery is complete without some portraits, so two such subjects were among

this collection, one entitled "A Modern Composer," represented by a bottle of chloroform, the other a sketch of a large toe, preceded by the words "Harriet Beecher's (toe)." "A Study in Oil" consisted of a collection of oleaginous fluids, well known to the hospital and sick room—castor oil, olive oil and cod liver oil. A trio of bottles of common poisons—carbolic acid, strychnine and bichloride suggested the famous picture, "The Three Fates." Breton's painting, "The Lark," was caricatured by a small bottle of champagne, a hand of playing cards and some cigars. An empty flask which formerly contained Old Bourbon was called "Departed Spirits." "The Tie That Binds" was the title assigned to a package of catgut ligatures. "Mustered In and Mustered Out" was suggested by a mustard plaster and a can of mustard. A rubber glove was entitled, "The Protecting Hand—Drawn Offhand."

A slab of molasses candy was entitled, "Maid of Orleans," a mitten bore the title, "A Young Man's Fear," a nail driven through a block of wood was called, "Drive Through the Wood." "Scene in Germany" was attached so some Frankforter sausages, a deformed French carrot resembling the shape of a beet was called "Can't Be Beat," and a lump of coal was appropriately named "Deer in Winter." "Columns of Greece" was represented by a row of candles "Something to Adore" was the romantic title of a key and door-knob, "Star in the East" was attached to a cake of compressed yeast, a ruler was labeled "A Perfect Foot," a picture of the appendix bore the title "The Best Thing Out."

A blank book on the table invited visitors to record their impressions of the exhibit. At the close of the bazaar the book teemed with witty thoughts, giving evidence of the fact that the patrons had enjoyed themselves and had acquired some new ideas about art.

Diet for Young Children

ROSAMOND LAMPMAN, R.N.

EVEN in these practical days the question of feeding youthful humanity, between babyhood and school age, is often a perplexing one, as most mothers will testify. While the physician or nurse directs her in the care and feeding of the little one during infancy, she is usually left to work out her own problem as far as the older child is concerned, whether she is competent or not. Here it is that the district or visiting nurse may lend a helping hand, and her wise directions and practical suggestions will, as a rule, be most gratefully received, and, if the mother is fairly intelligent, faithfully carried out.

When a healthy normal child is old enough to run about and has a mouthful of teeth, he naturally needs certain proportions of the food elements in his daily diet, which milk alone cannot supply; his stomach, too, is in a condition to digest heartier food, if wisely selected. Here it is that the mother often makes the mistake of allowing the little one to come to the table with the grown-up members of the household, eating whatever the childish appetite fancies, regardless of consequences. A habit, if not carefully guarded against, is quite likely to cause troublesome intestinal disturbances, which usually leads into some serious form of indigestion later on.

From two to three years a child should have four meals a day. The breakfast, at about half after seven, might be made up of stewed or fresh fruit, a well-cooked cereal, a soft-cooked egg; hot milk or cocoa; stale or toasted bread with butter. Now and then the egg may be varied with a broiled lamb or mutton chop, or a little tender rare steak, scraped or finely chopped, or a bit of broiled fish. At 10 A.M. the strained juice of an orange, or two table-

spoonfuls of beef juice, if the child is not over-strong, and as he grows older this can be substituted by a glass of milk, or a slice of bread and butter, with a little fresh fruit or some simple sandwiches, or a few graham crackers.

It is better for the child to have his heartiest meal at midday. Begin this with a clear soup or meat broth, and follow with a little roast or stewed beef, chicken, or lamb, or baked white fish; young children should never be allowed to eat pork, liver or veal. There can be with this meal one or two vegetables, as a baked potato and a little spinach, or some fresh green beans or peas. A glass of milk and some simple dessert, like junket, baked custard, gelatin jellies with a little cream or soft custard, or any plain, simple pudding in which eggs or milk form the principal ingredient. A little cream or cottage cheese with a cracker can be given occasionally, if the child's digestion is good.

A simple supper given at six, might consist of a glass of milk with plenty of bread and butter, or a bowl of bread and milk, varied with a dish of cereal, or any of the creamed soups, ending with stewed or baked apples, or any stewed or preserved fruit when not too rich, and a very little plain cake now and then. When the child has entered his fourth year his meals may be reduced to three a day, with a light lunch in the middle of the morning if he is hungry.

As a rule children object to fats, especially that of meat. In this case the bread may be spread more liberally with butter, sandwiches with fillings mixed with cream, or some simple salad with oil in the dressing, and occasionally a few nuts, will help to keep up the needed supply of fats. These foods are especially beneficial when there is a tendency to constipation.

The cereals that are given a child should be well cooked, as their digestibility is a matter of proper cooking, especially the grains—oatmeal, rice, hominy and the wheaten grits—requiring three or four hours of steady cooking in the double boiler, and those partially prepared at least twice the time given upon the package.

Whole wheat, graham and cornmeal breads are better for children than those made from the thoroughly bolted wheat flours, and these should never be given freshly baked. Fried foods, especially meats, impose too great a strain upon the digestive powers of little folks, as do all rich cakes, pastry, heavy desserts and condiments. Tea and coffee are both unnecessary and undesirable. They contain very little nourishment, and their alkaloids have a harmful action on the nervous system of most children.

Sweets, particularly candies, need not be forbidden a healthy child if known to be pure; in fact, they are desirable when taken with moderation, and at the close of a meal in the form of dessert, but the habit of nibbling at any time of the day on penny supplies bought from the cheap candy shops is an unwholesome and serious one. Candy eaten just before a meal satisfies the appetite for more substantial food without contributing the needful nourishment, and eaten excessively burdens the system with an over-supply of sugar.

Little folks should be taught to like all wholesome foods; one should not yield to childish whims, or allow the child to make selections for himself, for usually the things that are most needful in his diet he must acquire a taste for; those prohibited, the things most longed for by contrary little appetites. Such foods should not, however, be forced upon the child, but presented in some dainty unusual way that will first appeal to the eye, then to the palate,

The attractiveness of individual dishes cannot be made too much of. A quaint little bowl with a cover for the mush or soup; odd little brown-lined earthen cups, with funny pictures of children or animals pasted or painted on them, for the custard, rice or mashed potato, are always pleasing to a child. A fluffed egg instead of the plain boiled one, or a simple poached one on a round of delicately browned toast, with a sprig of parsley on top, will go a long way in assisting the small boy or girl in acquiring an appetite for these needful foods.

For the youngster who has positively refused his soup select the letters in his name from A B C macaroni, and let him spell it out as he eats them, and see how quickly the soup will disappear. Little individual short cakes, or meat pies, are a delight to older children; garnish the short cake with one large, luscious berry, with the stem left on, and the little meat pie with a bit of cress or parsley. A child will often enjoy his milk or cocoa more if he can sip it through a straw; a quantity of these can be bought for a few cents, and there is less danger of the milk being taken too fast, or the cocoa spilled on the tablecloth.

As soon as the little one is able to masticate his food he should be taught the habit of eating slowly and chewing his food very thoroughly; if this is begun at an early age it is easily acquired, and as the child grows older it will become a fixed habit. Little folks should be allowed to talk and laugh during meal time, not to the point of becoming hilarious and noisy, but to a reasonable extent mirth and conversation, though it be childish, is as needful for the little ones as the grown-ups. The act of speaking and laughing breaks the steady process of masticating and swallowing food, allowing it to become more thoroughly mixed and acted upon by the digestive fluids, thus aiding materially in the digestion of it.

Department of Public Welfare

A NOTABLE BULLETIN—Nurses in general, and obstetrical nurses in particular will be interested in the bulletin on "Prenatal Care," issued by the Children's Bureau of the United States Department of Labor, Washington, D. C. The bulletin, which has already reached its third edition, has been prepared by Mrs. Max West, in collaboration with a large number of well-known physicians, nurses and mothers. It is written for the average mother in the United States, and furnishes in concise form the facts regarding hygiene and normal living which the expectant mother has a right and a need to know.

The bulletin deals in a thoroughly practical way with the hygiene of pregnancy, complications and how to avoid them, toxemia, miscarriage, maternal impressions, preparations for confinement, precautions during labor emergencies, care of the new-born, the lying-in period, the nursing of the baby, and the diet for a nursing mother.

The bulletin can be obtained free on application to the Children's Bureau. Every nurse who promotes its circulation is helping to promote public welfare and intelligent motherhood.

NEW YORK—The January issue of the *S. C. A. A. News*, the official publication of the State Charities Aid Association, contains an article on the appointment of Dr. Hermann M. Biggs as State Commissioner of Health, written by Homer Folks, secretary of the Association. Mr. Folk says:

"Dr. Biggs has remained, in addition to his public health activities, a successful practising physician. He is one of the few conspicuous instances of the perfect combina-

tion of the practising physician and the public health expert. Uncounted hundreds of thousands of men, women and children owe a measure of their vitality to the measures which Dr. Biggs has set in motion in New York City. He has been the most successful opponent of the "Undertakers' Trust," for no man in the city has done so much to reduce the number of deaths. What he has done for the city he can do for the State."

Another notable appointment is that of Dr. Goldwater, as Commissioner of Health of New York City. Dr. Goldwater has had a brilliant career up to the present time, and marked success in all his undertakings. Great things are to be expected under his administration of the Department of Health.

WEST VIRGINIA—For the next eight months a special tuberculosis exhibit car will travel throughout the length and breadth of West Virginia under the direction of the State Anti-Tuberculosis League. The money for the campaign was provided by a special appropriation at the last legislature. Dr. Harriet B. Jones, of Wheeling, has personal oversight of the movement. She travels ahead of the car, lecturing and urging people to see the exhibit. Dr. Thurmann Gillespy has charge of the car and the exhibit.

OHIO—The Youngstown Hospital has recently launched two new and most important branches of work, namely, social service and an out-patient department. The out-patient department will be organized with the social service as the center, patients will be admitted upon a social basis, investiga-

tion will be made where it is necessary to prove their worthiness, and follow-up work will be undertaken to enhance the value of the doctor's treatment; co-operation with other social agencies will be sought in handling the patients in both hospital and outpatient department. As the work is in charge of Miss Lucy C. Catlin, who has already achieved much success as a social service worker, we can safely predict that this new work will prove of great value and service to the worthy poor of Youngstown.

KENTUCKY—At a meeting of the Southern Medical Association held at Lexington, in the discussion on "Medical Inspection of Rural School Children," Dr. William M. Jones, of Greensboro, N. C., stated that medical inspection was an established fact in most well-organized city schools, the rural schools, as a rule, having no inspection and, consequently, no safeguards to protect them from contagious epidemic diseases. Those few schools that had inspection, or examination, had no regular plan and no way of checking results. The rural school had been neglected on account of ignorance, prejudice and economic consideration of the communities. To the rural school medical inspection and examination were more necessary and, consequently, more important than to the city school. City parents were more likely to notice defects in their own children and to have them corrected than were country parents. The reason for this was that the city parent had constantly before him on the streets, in parks and other places, large numbers of children, and he was forced to see and note defects, whereas the country parent saw only his own children and those of one or more neighbors and, consequently, did not have defects called to his attention as did the city parent. Medical inspection should consist of an inspection of the school buildings, grounds, privies, water supply and means of dispensing. The pupils were ex-

amined for eye, ear, nose, throat, teeth, skin and special defects. Cards were given informing the parent or guardian of the defect, ordering him to carry the child to the family physician for treatment and advice. The physician was to return the card, but the majority failed to do so and the cards were lost. However, a record was made of all children to whom cards were given, and when the school was revisited the following year these cases were inquired into, and, if necessary, a second card was given and the parent or guardian had the defect called more forcibly to his attention by a letter telling him of the danger and necessity for treatment. To impress on the children some idea of disease, its cause and prevention, lectures were delivered, illustrated with slides whenever possible. This made a permanent impression. Teach the child and he would teach his parents.

MICHIGAN—The Michigan State Board of Health has recently completed a "health excursion," made by special train throughout the State. The "excursion" lasted about a month and covered 1,031 miles. The exhibit accompanying the train was shown in fifty-seven towns to 60,000 people. One of the unique features of the exhibit was an electrical device which showed how every thirty seconds, taking the world at large, a human being becomes a skeleton because of tuberculosis.

ILLINOIS—The twenty-fourth meeting of the Visiting Nurse Association of Chicago, was held January 22. Among the speakers were Professor Robert Lovett, of the University of Chicago, and Miss Jane Addams. The report of the president showed the total number of visits made by the nurses during 1913, was 185,757. The total number of patients treated, was 32,523. There was an average of 519 calls a day by the sixty-nine nurses on the staff during the year.

Gleanings from Medical Literature

The Causes of Pneumonia

Kruse, in *Deutsche Medizinische Wochenschrift*, states that much less time is devoted by the sanitary authorities to pneumonia than to the more infectious diseases, because the latter are regarded as essentially preventable. But pneumonia claims more victims than tuberculosis. Ascher has sought the efficient cause of pneumonia in the "smoke and soot plague" which makes the lungs vulnerable. This view is opposed by facts. Deadly pneumonia is largely a disease of the very young and the old; the four decades between 20 and 60 showing a lowered incidence and mortality. It is also a disease much more common in the male. The smoke theory, therefore, can throw no light on these groupings. The pneumococcus is not universally regarded as the efficient cause. Many forms of micro-organism can cause pneumonia, and if the pneumococcus predominates it may do so because it is a natural denizen of the mouth. If we suppose that man develops pneumonia because of self-infection through activated pneumococci; this is, of course, but a partial explanation. Chill and exposure have always been recognized as leading causal factors. Perhaps equally important are the aspiration of irritant substances and wounds of the thorax. Statistics appear to show that smiths, molders, coachmen, gardeners and masons—all exposed to cold and sudden changes of temperature—suffer much more frequently from pneumonia than those having indoor occupations. When women have outdoor vocations, such as gardening, they seem to be quite as susceptible to the disease as men. All these figures apply to adults during the decades of relatively low incidence. In certain localities in Germany the

disease is literally endemic and spares hardly any class. This seems to demonstrate infection as a cause. We know all too little about pneumonia in childhood, but wherever we find the usual infectious diseases of that period markedly in evidence we may count upon finding a high incidence and death rate from pneumonia. Even then it is probable that the number infected falls far short of that which *might* be attacked by carriers of virulent germs.



The Longings of Pregnancy

The longings of pregnancy may have a meaning and it might be well to study them instead of dismissing them as meaningless psychoses. Evvard says that his pigs were evidently hungry at times though supplied with abundance of the few articles of the diet and would whine and squeal for food while leaving some of their ration. It would not be a bad guess in case of "longings" to consider them as a species of hunger due to a blood condition impoverished of certain substances by the fetus. It is an indefinite sensation, but so is ordinary hunger, and the article longed for may not furnish the things whose absence causes the feeling. The specific desire cannot be taken as a guide to practical dietetics. The only point for us is to find out whether the food is of proper quality and variety, and we may discover that such women are, in fact, partially starved and impoverished. At any rate, the dietetics of pregnancy might be put on a more scientific basis if we would study the cases more in detail. It is another instance where progress waits on the data to be observed, collected and recorded by family practitioners. Perhaps many a baby

could be given a better start in life, by a scientific feeding of the mother, and as the government is spending a lot of money to give unborn pigs a good start, why not give some for the welfare of babies before birth? They're worth it.—*American Medicine*.



Treatment of Burns by the Application of Alcohol

In the *Australian Medical Journal* Dr. Milligan has described a method of treating burns which he has found more satisfactory than the current methods. In burns of the second, third and fourth degrees, cleansing with antiseptic lotions is usually recommended. The moisture causes the sloughs to become septic—in other words, converts dry into moist gangrene. Frequent and painful dressings are then necessary. Dr. Milligan excludes water from the treatment, and applies alcohol. He thus prevents moist gangrene and inflammation and saves much suffering. A child, instead of spending several months in hospital, can soon have the burn grafted and run about. The details of the method are as follows: If the patient is in such a state of shock that he cannot stand an anesthetic, a watery saturated solution of picric acid is applied on lint and protective is put over this to prevent evaporation. On the next day the protective is lifted and more of the solution is poured over the lint, which is not changed. On the third day the patient is either obviously going to die or can stand an anesthetic. If the picric acid be continued any longer the burn will become offensive. Dr. Milligan has not found the picric acid treatment of burns satisfactory, and simply uses it in the absence of anything better for a patient in a condition of shock. Moreover, the acid is absorbed and may cause toxic symptoms. If the patient is in a condition to allow the administration of an anesthetic he is given

chloroform, and the burns are cleansed with sterile gauze wrung out of 70 per cent. alcohol. The whole surface of the burn and the surrounding skin is rubbed vigorously. Blisters are rubbed off with all dead tissue. No blister is pricked, nor is the dead skin allowed to remain to keep fluid pent up, only to be infected by the organisms of the skin. Dead tissue is more effectively and easily rubbed off than removed with scissors and forceps. After thorough cleansing a dressing of sterile gauze wrung out of the alcohol is applied. Over this dry gauze and wool are applied, and then a bandage. Under chloroform the same process is repeated daily. Every other day will not do, for the burns begin to be septic and offensive. The parts are rubbed, not wiped, with gauze wrung out of alcohol. On beginning to remove the dressing it will be found stuck to the surface. By pulling upon it bits of dead tissue are satisfactorily removed. The dressings are continued for about eight days, when burns which have not destroyed the whole thickness of the skin will be found in such a clean state that boroglyceride gauze or gutta-percha tissue can be applied as a dressing without any pain. It is striking how rapidly the burns now heal under the boroglyceride. If they become infected again, one cleansing with alcohol, followed by one alcohol dressing, will render them again aseptic. Burns which involve the whole thickness of the skin take longer on account of the sloughs. Under the alcohol treatment these become black, dry, and shriveled up, and can be torn off or dissected with a sharp scalpel and forceps. Valuable time will be lost if the surgeon waits for the sloughs to separate. The best results following the cutting off of the sloughs, for they are not sodden, and the surface is aseptic. A scalpel must be used, for it leaves a clean cut, with no track of dead and injured cells, as a scissors does.

Editorially Speaking

The Teaching of Sex Hygiene

While there is general recognition of what President Foster, of Reed College, calls "The Social Emergency," and agreement as to the need of action against the social evil, there is still a wide difference of opinion as to what extent sex instruction can be given in schools.

Prof. Thomas M. Balliet, of New York University, believes sex instruction can now be given to the following groups: (1) To parents, by means of lectures; (2) to enlisted men in the Army and Navy, where the need for it is urgent; (3) to college students, both men and women; (4) to young people in Y. M. C. A.'s.

Dr. Hugh Cabot, of Boston, well known to all our readers, is one of the leaders in the demand for sex instruction in the schools. He declares that the policy of silence and punishment, as practised in the past, has failed. He suggests education, rather than punishment, as a remedy for social evils. He says: "Sooner or later we shall come to realize that teaching the comprehension of the sex instinct is the function of the public school, though we are far from such a realization today." Former President Eliot, of Harvard, holds equally positive views of the need for sex instruction.

On the other hand, there are many, both among educators and physicians, who see danger in sex instruction in the schools.

Our former President, William Howard Taft, in an address delivered before the Pierce School of Philadelphia, said:

"The pursuit of education in sex hygiene is full of danger if carried on in general public schools. The sharp, pointed and summary advice of mothers to daughters, of fathers to sons, of a medical professor to

students in a college upon such a subject is, of course, wise, but any benefit that may be derived from frightening students by dwelling upon the details of the dreadful punishment of vice is too often offset by awakening a curiosity and interest that might not be developed so early and is likely to set the thoughts of those whose benefit is at stake in a direction that will neither elevate their conversations with their fellows nor make more clean their mental habit."

Recently the Chicago Board of Education, by a vote of 13 to 8, abolished the sex hygiene and personal purity lectures in the public schools, which were introduced in 1912, and which were one of the constructive policies of Mrs. Ella Flagg Young. When such great minds disagree it is hard to reach definite conclusions.

■ In this issue we present another paper in our Social Hygiene series, this one by Alice M. Smith, M.D., nurse and physician, who believes that the subject may be introduced in any school under proper conditions, and who gives us a most interesting account of her own experience.



Hospital vs. Home Care of the Sick

The year 1913, like each preceding year for the last decade and more, has been a year of remarkable activity in hospital building. In our egotistical moments we may feel that we are caring for most of the sick of the community in hospitals and we, perhaps, pity the few sick folks who were unable or unwilling to secure hospital accommodation during their illness. It is because hospital people live such a confined circumscribed and intensely concentrated life that this idea prevails. It is probably for the same reason

that we have had so little interest in the big part of the problem of the care of the sick—the home care. For hospital work is not a thing apart by itself, to be developed as a wholly independent philanthropic enterprise. It is one side of *the main problem of the care of the sick*, a problem which we are only beginning to consider as a whole. How small a part of the problem of the care of the sick the hospitals have been able to care for, is rarely appreciated, and till recently has had little attention. In New York City a survey into existing conditions as they relate to the care of the sick, has been in progress for nearly two years. It has been conducted by the Hospital Investigating Committee. The report of this committee, recently submitted to the Board of Estimates, and prepared under the direction of Henry C. Wright, revealed the fact that only about 10 per cent. of the cases of sickness in New York City are cared for in the hospital. The proportion would probably be much less in cities where home conditions were less congested.

"Investigations on the lower East Side," says the report, "indicate that there were about 145,236 cases of sickness in this section during the year, or 234 per 1,000 of the population. Of these, 89.4 per cent. were treated in the home, and 10.6 per cent. in institutions. On the West Side, between Fourteenth and Fortieth Streets, the committee reported that there were 47,885 cases of sickness during the year included in the survey, or 471 per 1,000 of the population. Only 2,569 of these West Side cases or 5.4 per cent. of the total, were treated in the hospitals."

The report advocates an experiment in a limited district to ascertain whether or not a large portion of sickness can be cared for at home more cheaply than in expensive hospitals. It also advocates an experiment as to the extension on the part of the city of methods of preventing disease. The committee states that "the city has assumed

responsibility for caring for sickness when it reaches a stage needing hospital treatment and within certain limitations, for the prevention of contagious diseases. Any theory of social obligation which warrants the city in undertaking the care and prevention of sickness would warrant it going still further."

Apart entirely from what future investigation in New York City may reveal, one fact stands out clearly, that much greater provision is needed in every city and rural district for the efficient care of the 90 per cent. of sickness which has to be dealt with in homes. Barring contagious diseases, surgical diseases requiring expensive apparatus and accident and emergency work, it is reasonable to predict that most other cases of illness will be cared for in homes. It is a trite saying that the rich and the poor are fairly well looked after, so far as organization for home care is concerned. The great task before us is to provide for more efficient care for the great five-sixths of the population which is neither able to pay the highest rates for nursing, nor willing to accept charity. It is being generally conceded that an organization composed of laymen, doctors, hospital workers and nurses is needed in every city to assume responsibility for the direction and general administration of a center for the promotion of such work. That such centers are bound to come is as sure as that they have come in a few places. An important advance step has been made during the past year in the establishing of the Bureau for Organizing Home Care for the Sick, of which Mr. R. M. Bradley, of Boston, is chairman of the general committee. Leading hospital superintendents, physicians, social workers and business men are cooperating with the Bureau in the promotion of a practical plan for establishing such centers. The plan of having one central organization which is devoting itself to the study of the needs in sickness in families of moderate means, and of working at the

problem of meeting such needs in a legitimate way, seeing that a skilled graduate is sent where skill is needed, and that non-graduate workers receive the direction and assistance which they need, is so sensible that one can only wonder we have been so many years in reaching this common-sense conclusion.

✱ The Bureau for Organizing Home Care for the Sick is preparing standard blanks for use where such centers are developed. It has a considerable fund of information and literature available, relating to the establishing of such centers, and will be glad to be of assistance wherever such work may be contemplated.



The Nursing of Contagious Disease Patients

The development of a sense of personal responsibility in individuals for certain duties is the foundation stone of good government, whether in State, church or philanthropic organization. Unless this can be done, the system, whatever it may be, rests on very shaky, unstable foundations. At any time it may fail, and disaster may result. What is true in larger matters of State and common welfare, is true also in lesser bodies, true also of nursing. One point at which we seem to be failing in the training of nurses in the average hospital, is in developing in them a feeling of personal responsibility to respond to calls for nursing contagious diseases, especially diphtheria and scarlet fever, in homes.

This does not mean that our graduate nurses all refuse such cases. Many of them are doing quiet, heroic work, under trying conditions, with such patients. But it seems pitifully true, according to reports from many sources and different parts of the country, that many nurses register in registries that they will not take such cases, and many others who do not openly and positively state that they will not respond to

such calls, in actual practice refuse case after case of scarlet fever and diphtheria, even when \$30 a week is offered.

A few days ago a grief-stricken mother called on us. She had lost her only daughter, a beautiful little girl of seven, with scarlet fever. The older brother had been for about six weeks in the isolation hospital, with a very light attack of scarlet fever. He evidently brought the disease from the hospital to his little sister, who developed a very serious type of fever. She pleaded so piteously not to be sent to the hospital, that the doctor did not urge it, especially as the family blamed the hospital for letting the boy carry back the disease to the home. After searching hour after hour, a nurse was finally secured. One of the first things she did when she got to the patient was to tell the mother that she hardly ever took such cases, that she didn't like to nurse scarlet fever, and that she only came as a special favor to the doctor, who told her she probably wouldn't have to stay more than a few days till they got some one else. The father is a mail clerk, getting a hundred dollars a month, and they were paying \$30 a week for this nurse's service.

There are altogether too many nurses of this type in the field. The fault is not wholly theirs. They are products of their training schools. General hospitals, as a rule, have no accommodation for contagious disease patients of this class. Nurses go through their training without ever seeing this class of patients. Their lack of experience with the disease breeds timidity and fear. The whole system is against the development of any feeling of personal responsibility for the care of such cases. When an epidemic is threatened or actually present and there is general excitement in the air, with the State board of health perhaps called on for aid, the newspapers keeping the public interest keyed up, then nurses will respond who in private practice would absolutely refuse to respond to such calls.

In former years a great many of the older nurses were allowed during their training to care for such patients in their homes, and we still feel that to prevent pupil nurses getting any experience with such cases before graduation is a huge mistake. Instead, a certain number of weeks of experience with such cases should be made compulsory. Quite a number of hospitals do send their nurses for two or three months to contagious disease hospitals, but in many communities there is no isolation hospital; each case is isolated in the home where it occurs. Nurses need the experience with such cases. The community needs nurses with this experience. When we train nurses to respond to such calls, *while they are pupils*, and use all other means to develop their feeling of personal responsibility, for the care of such patients in homes, we will have taken a long stride forward in preventing such diseases. As it is now, the untrained, non-graduate nurse is often found caring for such patients, because graduate nurses have refused them.



Contact Cases of Typhoid Fever

It is only in recent years that the danger from contact infection in typhoid fever has begun to be appreciated. Many nurses, even yet, fail to realize this danger. It can hardly be too strongly emphasized on pupils in training. The very real danger that exists is shown in the following clipping from the Health Bulletin, issued by the Department of Health of Toronto:

"The danger from contact in typhoid fever becomes more and more apparent as

the cases are followed up and studied," states the Bulletin. "The development of several cases of typhoid fever in one prominent Toronto family, probably from contact with a servant; the death of a very successful young business man who contracted the disease from a cook, and the development of five cases in a boarding house from the woman who waited on table, gives one some idea of how very dangerous and how comparatively common these cases are. All of those mentioned occurred in one month in Toronto. All of the people infected were intelligent, well-informed people who would have protected themselves in every possible way from the ordinary methods of infection, but in these cases were powerless, because they or nobody else had or could have any idea that these servants were developing typhoid fever. During the time of incubation, usually a two weeks' period, large numbers of typhoid bacilli are thrown off by the person developing the fever, and unless absolute cleanliness is observed, the death of perfectly innocent and helpless parties may result. It is a sad reflection that with all our care in protecting our city water, milk and food supplies people such as the infecting persons above mentioned, may and have obtained their infection from outside sources, return to the city and bring about the disease in other people perfectly helpless to protect themselves. And one can readily see that if the infected person happened to be a cook in a downtown restaurant, the number of cases originating from it might be numberless and yet could not be traced at all."

Nurse Bill Hearing

The first hearing on the Seeley Bill took place at Albany, February 17th. It was apparent that the opposition was stronger and better organized than last year, while those favoring the bill failed to make their former effective showing, many evidently having lost interest.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Committee on Grading of Nurses

The committee on grading of nurses reporting last year at the Boston convention, recommended that another year of study be given to the subject before final recommendations on the subject were made. Several changes were made in the personnel of the committee in order to give the large hospitals a full representation. The new members of the committee for 1914, are the president of the American Hospital Association, Dr. Thomas Howell, of New York Hospital; Dr. William O. Mann, superintendent of the Massachusetts Homeopathic Hospital, Boston, and Dr. Renwick Ross, of the Buffalo General Hospital. At a recent meeting Dr. Ross presided over the sessions of the committee, the members present being Drs. Howell, Ross and Mann and Misses Anderson, Aikens and Barrett.

After careful consideration of the various phases of the subject, the committee decided to submit the following list of questions bearing on the subject of the classification of all nurses who are nursing for hire, to the members of the association and others interested, so that an expression of opinion may be secured from all parts of the two countries represented

Investigations go to prove the truth of the statistics given by Miss Goodrich at the Academy of Medicine, that fully 90 per cent. of the sick are being cared for by those who have had no hospital training. The first step to the improvement of the quality of nursing now being received by 90 per cent. of the sick, is a system of grading and classification. Hence the subject is one of great importance to the public at large, to nurses who are sincerely interested in having all patients well nursed, and to the members of the hospital association, who are leaders in the work of fitting nurses to give efficient care in homes. How far short the hospitals are of measuring up to these responsibilities is seen in the fact that not over 10 per cent. of those now engaged in caring for the sick for hire have had hospital training. It is

hoped that the committee will have suggestions from all parts of the countries. These suggestions will be considered at the next meeting of the committee in May.

Following are the questions. Replies are to be addressed to Dr. Renwick Ross, Buffalo General Hospital, Buffalo, N. Y.

1. In your opinion is it possible to meet the nursing needs of the average community in city, town and country in the United States and Canada, with graduate nurse service alone?

2. If, in your opinion, only graduate service should be used, will you kindly present an outline of a practical comprehensive program, for supplying graduate service to all classes needing continuous nursing?

3. If more than one grade of nurse is a necessity, will you please state how many grades you consider necessary? How would you classify nurses so as to include in your classification all who nurse for hire?

4. Will you kindly suggest a substitute term for the grade B, or "certified nurse," as recommended by the committee on grading of last year, if you consider that some better term should be used to designate nurses trained in special hospitals or hospitals unable to give a full training. Please state whether or not you are satisfied with the distinctive terms recommended by the committee of last year. Give briefly your reasons if not satisfied.

5. If several grades seem to be necessary, how and where should the several grades be trained?

6. In view of the fact that many tuberculosis hospitals find it impossible to secure sufficient graduate nurses to care for their patients, what measures would you suggest for meeting the nursing needs in such institutions.

7. If training is given in a tuberculosis hospital, how long should the course be and how would you classify those completing such a course?

8. In view of the fact that there is a constant and pressing demand for maternity nurses in homes of moderate means, what measures that are practicable for the average community would you suggest for meeting this need? How classify such nurses?

9. What constructive recommendations would you make with a view to improving on the plans presented by the committee on the grading of nurses in the report submitted to the association at the Boston convention, a copy of which was mailed to each member.

10. Will you kindly suggest to the committee of this year any feasible plans which occur to you for improving the quality of home nursing now being received by those who cannot afford graduate nurses?

THOMAS HOWELL, M.D.,
WILLIAM O. MANN, M.D.,
CHARLOTTE A. AIKENS,
IDA M. BARRETT,
EMMA A. ANDERSON,
R. W. BRUCE SMITH,
RENWICK R. ROSS,

Buffalo General Hospital, Buffalo, N. Y.



Trained Housekeepers

Something over five years ago, at one of the hospital conventions, we had a paper with the above alluring title, "*Trained Housekeepers*." That paper held out high ideals and hopes that, ere long, the hospital superintendents were to be relieved of a large part of their worries, because competent trained women to assume executive responsibility in hospitals would be easily procurable.

But, somehow, the years slip by, and the *average* hospital, especially the smaller hospital, seems to be struggling along with the housekeeping problem in much the same old way as did the hospitals twenty-five years ago. The domestic science schools are turning out dietitians "a plenty"—but housekeepers—"trained housekeepers"—seem to be difficult to secure. For, mark you, there is quite a difference between a housekeeper and a dietitian. In the large hospitals, where both a trained housekeeper and a dietitian can be employed, the problem is easier of solution. The dietitian concerns herself solely with matters relating to dietaries; the housekeeper has her duties regarding the care and furnishings of the building, especially with matters involving the comfort of the hospital household. In the smaller hospital these two departments of domestic economy must be merged into one, and one woman must be largely responsible for the dietaries, the general cleaning and care of the buildings and furnishings, for the oversight of the laundry and for keeping the wheels of the domestic department running smoothly. As a rule, in smaller hospitals this position is filled by the untrained woman—not because, in many cases, the hospital does not desire the trained woman, but because the trained woman is not able to adapt herself to the needs of the institution, or is not to be found. A well-known lady superintendent has stated, after interviewing a long list of applicants for the position of hospital housekeeper, that the vision of the average "trained" (?) applicant for the position is com-

passed by the walls of the diet kitchen—which, in every case, must have a white-tiled floor. The schools have taught that white-tiled floors are best, and not a few of the applicants have appeared to be truly horrified at the thought that such an unsanitary, if not ungodly, thing as a hardwood floor could be tolerated by a hospital with pretensions to ordinary respectability. The "average applicant" had conjured up delightful visions of herself instructing classes of pupil nurses in the mysteries of the chemistry of foods, and their physiological value—with, of course, practical experiments in the white-tiled diet kitchen, with dainty invalid diets and the preparation of fluid foods of all kinds. But when it came to planning to get out meals on time for a hundred or more patients, with more or less hearty appetites and almost as many hungry employees and workers in the hospital—well, the schools evidently hadn't prepared the applicants for this prosaic but really very necessary bit of hospital routine. And so the lady superintendent who had hoped to take the advanced step of getting a trained housekeeper, was obliged to turn again toward the untrained, but mature, capable woman, who was willing to serve in a diet kitchen with a wooden floor; who knows little or nothing of chemistry, biology, metabolism or bacteriology but who attacks the problem much as she would attack it in her home—determined to make the best of the situation. She doesn't have the vision; we wish she had. It is exceedingly hard to get her to grasp the vital importance of exactness and accuracy, where special diets are concerned. The doctors are handicapped often by their inability to secure the special diets which they have ordered, but somehow the solution of the problem is not in sight.

A special course of three or four months in a domestic science school covering laundry, cleaning and cooking, or perhaps we should say sanitation and dietetics—it sounds more scientific—where she will get the theoretical groundwork for successful hospital housekeeping, followed by an apprenticeship of varying length in a hospital as assistant to a "master housekeeper," seems the only way to produce the type of hospital housekeeper which will fit properly into the needs and conditions of the smaller hospitals. There are plenty of schools which would be willing to arrange the special course; there are plenty of hospitals where the needed practical experience could be gained under the guidance and tuition of an experienced and successful hospital housekeeper, but the problem seems to be to effect the cooperation between the domestic science schools

and the hospitals, so necessary to the successful solution of this question. How is your hospital meeting this perplexing everyday problem of hospital housekeeping?



Trained Nursery Maids

Of late years there has been a constant demand for these young women. Mothers have learned to know the comfort of having a trained nursery maid with their children, who not only knows how to obey the doctor's orders in slight cases of sickness, but how to take proper care of a child and teach him good habits.

The class of girls who now take this training are far superior to those of former years. Mrs. E. M. Swainson sends us the following account:

At St. Christopher's Hospital for Babies, in Brooklyn, N. Y., the training is very thorough, as the superintendent takes a personal interest in each girl.

At present the hospital can only provide for forty babies, and eighteen nursery maids in training.

The girls are given a six months' course, and are taught to take care of the babies under the direction of the doctors, superintendent and trained nurses, and many a poor, sick baby has

been restored to health, by God's blessing, and the care and devotion of the nursery maids. Not only are they taught the proper care of infants, but also to notice little things for themselves, such as the different cries of a baby, if the child has a rash or swelling anywhere, and to report it at once to the trained nurse.

They have the disinfection and first cleansing of the diapers, and to see that the soiled clothes are sent to the laundry every morning, also the sorting and putting away of the clean linen, to clean and carbolize all beds once a week at least.

They must note the temperature of the morning baths, also the character of defecations and other discharges.

During their six months' course they have five weeks on night duty, and from three to four weeks in the modifying room, where they learn to prepare the various foods ordered by the doctors. In this room all milk is bottled, heated and sent to the wards at regular hours. Absolute cleanliness is the order all over the house.

The girls are taught good manners, which so many of the younger generation sadly lack, and often it is not the best nursery maid but the girl with quiet, respectful manners who makes the best success of life.

This training provides a living for a number of girls who are not physically strong enough for



CLASS OF NURSERY MAIDS, WITH SUPERINTENDENT AND TRAINED NURSE



WARD FOR SMALL BABIES, ST. CHRISTOPHER'S HOSPITAL, BROOKLYN, N. Y.

hard manual work, yet are quite capable of earning their own living. No girl is accepted unless she has a good personal character, and if she is found not suited for the work of taking care of children she is told so and advised to try something else.

The nursery maids are not trained to think they can take the place of the trained nurse, as their duties are quite different, but in cases of sickness, they can be of great help to the doctor and trained nurse by knowing the names and uses of things, so that they can obey orders without asking questions.

Their mission in life is to care for and train healthy babies in an intelligent manner.

If they never make use of their training, it surely helps them to become better wives and mothers, as they have often seen in the hospital among the little sick babies the sad results of sin and carelessness on the part of the parents.

The trained nurses who hold positions here gain a wider experience of babies than is possible in a general hospital, as the infants admitted to St. Christopher's are from one day old to two years only.

The women managers take the greatest interest in everything connected with the hospital, and are always pleased to hear of the success of the nursery maids.

Discipline in the Hospital

In the City Hospital, Jersey City, N. J., an investigation into the workings of the institution has recently been made by Dr. George O'Hanlon, superintendent of Bellevue Hospital. His whole report of existing conditions is illuminating and practical and well worthy of consideration. In beginning his report on the methods and principles of administration he says:

"The discipline of a hospital is of vital importance to its patients; without discipline there is no guarantee that patients' needs will be promptly or adequately attended to. Now discipline in a hospital requires a comprehensive system of interlocking duties, defined by rule and enforced by authority. In a well-disciplined hospital the duties of each member of the organization are so clearly expressed and understood that any omission or neglect is quickly and automatically discovered. The correlation of the working staff is complete. All needs are anticipated. The patient is protected by a perfect chain of organization, which operates effectually from the moment of the patient's admission to the hospital to the time of his discharge.

"The distribution of patients in the hospital, *i.e.*, their assignment to the respective wards of the institution does not seem logically deter-

mined by any body of rules; while theoretically cared for by the superintendent or an interne, practically is in a large measure in the hands of lay employees, who may or may not act with impartiality, and always with an eye single to the best interests of the patients.

"The absence or lack of proper chronological or systematic records of patients in the hospital is most noticeable. In most hospitals this would be considered a very fair index of the thoroughness and conscientiousness with which the hospital discharges its duties toward those who are dependent upon it.

"The failure to use available room to meet defective conditions in the admitting department, or to provide proper isolation, segregation or classification for patients already in the hospital; the failure to prevent or overcome the irregularity in the attendance of the visiting staff, as indicated by the registry provided for this purpose; neglected clinical charts; physical examination of patients neglected or, if made, not recorded; laboratory work not instituted, and every evidence of an untrained, undisciplined and demoralized interne staff with the apparent lack of that pervading sense of responsibility which one finds in well-disciplined hospitals, are all matters worthy of consideration.



Fire Drills in Hospitals

Lack of provision for fire drills in Chicago hospitals has given rise to adverse comment by health commissioner George B. Young. It was announced that but four hospitals in Chicago—the United States Marine Hospital, Contagious Disease Hospital, Isolation Hospital, Iroquois Memorial Hospital—had fire drills. The president of the Presbyterian Hospital hastened to announce that that institution had made special provision in regard to fire prevention. He says: "All of our buildings are fireproof, and it would be practically impossible to start a fire in any of them. Nurses are in attendance on every floor during the entire twenty-four hours, and during the night a watchman makes continuous rounds of all buildings. Internes and male employees are divided into squads, each of which has a station assigned to it. A bulletin, giving the names of each squad and its assigned station, is kept posted in different parts of the hospital. At irregular intervals, averaging about twice a month, the fire gong is sounded, and all whose duty it is to repair to such stations do so. It is practically impossible for a fire to occur in this institution, but if it should occur there would be no confusion or difficulty whatsoever.

Notes and News

Jefferson Medical College and Hospital of Philadelphia will open in the near future a forty-bed tuberculosis hospital for advanced cases in the rehabilitated buildings formerly used by the Henry Phipps Institute at 236-238 Pine Street, Philadelphia. Dr. Elmer H. Funk and Dr. Thomas McRae will have charge of the hospital. The buildings have been practically rebuilt and equipped in the most approved style.

In honor of Dr. Simon Baruch, of New York, his son, Bernard M. Baruch, has presented to the city of Camden, S. C., Dr. Baruch's birthplace, a hospital building with a capacity of thirty beds. The maintenance of the hospital is provided for by an endowment fund of \$80,000, which was a gift from a resident of Camden, and the furnishings have been largely the gifts of northern men interested in the town. At the dedication exercises on December 1, Dr. Baruch made an address, and on behalf of his son presented the deed for the land and the keys of the building to the citizens of Camden. Both white and colored patients will be received, but the two services will be kept entirely separate.

The thirty-eighth annual report of the Free Hospital for Women, Boston, states that for the first time the hospital has been kept open during the summer months. This hospital has reason for just pride in its mortality record of two operative deaths in six 682 patients operated on during the year 1912-1913. Both deaths resulted from operations for advanced cancer.

The recently established St. Francis Hospital of Poughkeepsie, N. Y., closed a successful short-term campaign for \$75,000 under the direction of Mr. A. F. Hoffsommer, of Harrisburg, Pa. In ten days, closing January 24, 6,753 pledges were secured, totaling \$77,617, and cash is still coming in. In addition an indeterminate amount of not less than \$7,000 nor more than \$10,000, as an endowment of a bed, was assured to come in during the year. Nothing in the city's life ever stirred up so much interest as the work of the more than four hundred campaigners, and a permanent organization was formed for the maintenance and development of the new hospital. The hospital has a large tract of beautifully situated land just on the outskirts of the city, overlooking the Hudson River, and for the present will be developed on the cottage plan since the property acquired had eight buildings upon it, easily adaptable to hospital purposes.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

A Question of Logic

To the Editor of The Trained Nurse:

Would the State Association nurse be willing to apply the logic (?) of the closing paragraph of her letter in the December number to herself and other nurses? She asks "Would the nurse not care for the sick just as conscientiously under the title of "attendant," as though she were called some specified kind of nurse. Would it make her services any less valuable to a community were she called "attendant?" This may seem very convincing, but suppose we carry it a little further. It is a poor rule that will not work but one way. Suppose we ask, "Would not the graduate nurse care for the sick just as conscientiously and tenderly and well under the title of "Invalid's Helper," "Doctor's Aid," or "Sick Room Assistant" as under the title, "Graduate Nurse?" Would it make her services any less valuable to the community? We are inclined to agree with the Johns Hopkins nurse, who says that if a mistake has been made, it was made when trained nurses assumed the common generic world-old title of nurse, instead of taking for themselves a new title. The term nurse was given by the world to the non-graduate woman who cared for the sick and helpless centuries ago; *it belongs to her, by right*, and the world will still continue to use the term in spite of laws, fines or imprisonment.

PRISCILLA.

Are Nurses Underfed

To the Editor of The Trained Nurse:

Your article in the December number, "Are Nurses in Hospitals Underfed," was of particular interest to me, because the article under discussion had been brought to my attention by people outside the nursing profession. While I feel that my inexperience will not permit of a public discussion of the subject, I wish to give your readers the benefit of the information I obtained as to the source of the editor's information who wrote the overdrawn criticism. The editors were kind enough to give a prompt and courteous reply to my inquiry, and told me that their article was based upon data obtained from nurses them-

selves. The question in my mind is, are the editors entirely to blame for their criticism, which is not only an exaggeration, but a reflection on every woman in the profession. Should not the nurses who furnished this data share some of the responsibility?
N., Washington.

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Sterilizing Typhoid Discharges

To the Editor of The Trained Nurse:

The enclosed method of sterilizing typhoid discharges, which appeared in the Boston Medical and Surgical Journal, seems to me so eminently practical for private houses, that I am enclosing it hoping some nurse may find it useful.

"To a typhoid stool add about a cupful of commercial unslaked lime and hot water (60° C.) enough to cover the stool. Cover the rectacle and allow to stand two hours. The hydration of the lime will have generated enough heat to sterilize the stool. An earthen vessel is better than tin. It holds the heat longer. The lime should be in lumps and broken up and scattered over the stool. This is vouched for by Harry Linenthal, M.D., Massachusetts State Inspector of Health, and Henry N. Jones, bacteriologist to Massachusetts State Board of Health.

L. L. J.

✦

What Shall She Be Called?

To the Editor of The Trained Nurse:

I was greatly interested in the editorials in November number of THE TRAINED NURSE, and, as I am interested in several young people who are looking toward nursing as a life work, I would like to ask just what a successful home-made nurse has a right to call herself? I have in mind a young lady who took up teaching after graduating at an early age from high school, but who, after a few years' fairly successful teaching, decided to go into training as a nurse.

Her grandmother had been a physician, her mother a trained nurse, and from childhood she had manifested a love of nursing.

After several months in a hospital, owing to sickness in her family, she was compelled to return home, with small prospects of being able to resume her training. With characteristic

courage she read and studied at home and, when opportunity presented, registered with a local physician as wishing nursing to do.

She has gone on since, still learning and working, and in all cases where she has been called giving satisfaction both to physicians and patients.

She can go into a home where there is very poor equipment for caring for the sick and improvise and work with skill unfound in many a graduate nurse, and where she is known has been preferred to one.

Recently a trained nurse said of her "that her skill would have no rating with most physicians because she was not a graduate nurse."

She has been treated with kindly courtesy by local physicians and all whom she has worked under.

She still looks forward to extended study should the way open. Will the fact that she was unable to finish the course of training be greatly against her, even though in practice she continues to "make good?"

I am fully aware of the advantage the thorough training gives, and am offering no plea for less training, but wish to know what she and other young people who earnestly, from love of their work, overcome many difficulties and succeed in spite of greater advantages, have a right to call themselves?

A MOTHER.



A Liberal Education Necessary

To the Editor of The Trained Nurse:

The requirements for those who enter training schools are such, and the efforts during training so strenuous, that a nurse might be suspected of entering a scholarly career, and indeed this might be so if these requirements were always met by applicants and if the alumnae and other associations demanded progress, aside from that necessarily gained by practice.

Many of our graduates do their book work with credit, and use every means of adding to their knowledge, but far too many put so little value on their book knowledge that it is done in a slipshod way and after squeezing through the final examination, never think of opening that book again.

There is no profession where knowledge is at a higher premium—no profession where breadth of knowledge is of greater benefit. A nurse ought to be ashamed not to be able to answer those questions, which because she is a professional nurse she ought to answer correctly, and deserves

commendation for being able to converse on subjects which have no relation to the profession.

A nurse in training will seldom have the time to enter into extensive conversation with patients, because the duties are numerous, varied and arduous, and because superiors do not expect the time to be used in that way. In private practice; however, occasion very often finds the nurse at the table with members of the family who are people of affairs and will seek to engage her in conversation, and happy she, if her reading, study and observation have equipped her to be an entertaining and intelligent participant in such conversation. Long, tedious hours in a sick room, shut up with a whimsical convalescent, may be largely relieved if a nurse be liberally educated and able to light now and then upon those topics of conversation interesting to him.

Nurses are busy people, to be sure, but those who are busiest have ample time to read and study, and I am sure those of us who are not so busy could if we would and we would if we realized the importance of it.

L. A. C.



A Letter to Head Nurses

To the Editor of The Trained Nurse:

Head nurses should realize that they have a large part in the training of a nurse.

How many pupil nurses who assume the duties of head nurse during their training realize this?

Many seem to think, because they no longer are compelled to do the regular routine work, that they are privileged characters, giving orders to younger nurses, gossiping with the internes and behaving in a manner which is disgusting to the pupil nurses and causes comment among the patients. The system of putting in pupil nurses as head nurses is not a feasible one, for numerous reasons. I have known college graduates who have had head nurses address them in this manner:

"See that *them* orders is carried out."

"There *ain't* any *such* orders here."

The college graduate is compelled to take orders in this fashion and patients conversing with such a head nurse do not rate the standards of the institution very high.

Superintendents show partiality in selecting head nurses, giving preference to their favorites, even if they lack the necessary qualifications. I have known of instances where the dullard in the class was given head nurseship over her superiors, and who took great delight in reporting her classmates for the smallest breach of ethics.

Just an instance: Classmates, one a head nurse,

other treatment-room nurse. These are the only nurses on the floor, junior nurses attending class. The treatment nurse is preparing a tray to catheterize a patient, who should have been catheterized an hour ago; orders to that effect had been left by the treatment nurse. The younger nurses on the floor were not capable of doing the treatment and the head nurse was too busy entertaining the interne, so of course the treatment went undone.

The treatment nurse was scrubbing her hands and arms; had almost completed her sterilization, when the bell in a private room rang. The head nurse is still busy with Mr. Interne, and orders the treatment nurse to answer the bell, which she refuses to do, as she has her patient's welfare and not her head nurse's pleasure to consider.

The head nurse and the interne give the treatment nurse the *laugh*, and proceed to entertain each other as heretofore, disregarding the summons of the patient.

The patient, after frantically ringing the bell, gives up in despair, and sends a visitor in search of a nurse. She opens the treatment room door and sees the interne and the nurse sitting on the treatment room table, manicuring each other's finger nails.

She states her wishes and returns to her friend's room, vowing that nothing could induce her to come to this institution as a patient.

The head nurse then answers the call and declares she had not heard the bell, and cites the carelessness and unreliability of her nurse on the floor, who at that time is engaged in relieving a patient, who has been suffering intensely with an overdistended bladder.

Where has the supervising nurse been all this time? Oh she, too, happens to be a brainless sort of a creature, and has been reading a love story in the office. Yes, of course, she trusts her nurses, and makes rounds once or twice a day, draws her salary, never giving a thought to the pupil nurses or to the comfort of the patients in the institution which pays her a salary.

The treatment-room nurse has been reported for lack of ethics, and is punished without being allowed to state her version. The head nurse reported her because she had allowed a patient to ring ten minutes and wilfully disregarded the summons.

What does a hospital profit by adopting this

system? Patients leave the institution dissatisfied, nurses become grouchy and rebellious, and the "standards become low."

I have been engaged in private work one year and have been called upon to do a number of things I should have been taught during my three years' training.

Why are nurses not taught to catheterize a male patient, to give stomach lavages and hypodermoclysis?

I had a case where it was necessary to catheterize my patient (man)-every eight hours. I had never seen the treatment and had to request the physician in charge of the case to show me how to catheterize.

I would advise all student nurses to request seeing and doing such treatments.

Head nurses should make it an inviolate duty to give every pupil nurse in their charge an opportunity to see and do all treatments. Your duty is to your hospital, your physicians and your nurses; if you *must* entertain the internes, do so after working hours. I believe there is a parlor in all nurses' homes. In this manner you will not only win the interne's respect but your nurses' devotion and praises and will witness your hospital's prosperity, both financially and in discharging grateful patients.

I sincerely trust some careless head nurses will profit by what has been the experience of some of their student nurses.

Our slogan should be: "Not only higher standards but better nurses." E. M. M., R.N.



Testimonials

Although I am not nursing this year, I enjoy THE TRAINED NURSE so much; am especially interested in "The Nursing of Children," by Miss Pasley. I think the magazine the best to be obtained, and it is growing better all the time. Hope it may continue to grow. J. F. C.



I am pleased with the success of your magazine. I find it very satisfactory. It enables any nurse, while in a remote country district, to keep in touch with the nursing world.

The advertisements and general information are invaluable to me.

Trusting the subscription list will continue increasing, I am K. E. M., New York.



GRADUATING CLASS SISTERS HOSPITAL, LOS ANGELES CAL.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Spanish-American War Nurses

The following is an extract from the report of the president, Miss McCloud, read at the annual convention at Gettysburg, Pa.:

DEAR COMRADES:

Eleven months have elapsed since you conferred upon me the office of president of this association, an honor which I highly appreciate.

The position has been one of great pleasure to me from the very first day of my administration. I received such cordial greetings and such loyal assistance from all that I quite agree with my predecessor, that you should each accept nomination for office, if only for the pleasure of getting better acquainted with your associates.

I have also come in closer touch with the different camps:

"Camp Liberty Bell," of which I am a member, and for which, naturally, I have a fraternal feeling.

"Camp Roger Wolcott," which is conspicuous, as many of its members hold prominent offices, both in civic and nursing organizations.

"Camp Amita Newcomb McGee," the members of which are always prominent, situated, as they are, in the midst of celebrities.

"Camp Nicholas Senn," which is well represented in nursing organizations of the Middle West.

"Golden Gate Camp," with the comrades of which we will, no doubt, have the pleasure of renewing our acquaintance, as a cordial invitation has been extended to us by the president of the California State Nurses' Association, Mrs. C. C. Pottinger, to hold our convention in San Francisco, Cal., in 1915.

And "Camp Roosevelt," to which we owe a debt of gratitude for putting our society into prominence by placing a wreath on the Maine Monument during the unveiling ceremony, May 30, the wreath being a handsome one and comparing favorably with those placed there by distinguished statesmen.

We should feel proud to be able to say that we belong to that band of women who served their country during the Spanish-American War, and we women served it faithfully, as the organizations of the Army and Navy Nurse Corps today show; for had we been unfaithful to our trust and proven ourselves a detriment rather than a blessing, the Government would have discharged us and our names would have faded into oblivion.

We of the S. A. W. N. can truthfully call ourselves the "Pioneers of the Army and Navy Nurse Corps."

We are a patriotic society, and as a body we made our record in 1898, and belong to the history of that period; but we, as individuals, are still actively interested in all nursing organizations and all welfare work of the day.

In the recent flood relief work conducted by the Red Cross Association, an S. A. W. nurse was most prominent.

We are to be found in the literary world, in the field of medicine, in the Red Cross Nursing Association, in the Army and Navy, in all branches of Civil Service (one of our number was recently appointed probation officer of the Juvenile Court); and soon, no doubt, we will see members of our society on the political platform.

Nor will we forget those among us who have chosen the domestic life and are serving their country by teaching their little ones the fundamental rules which make good citizens.

Thus in our different spheres in life we ever remember one of the chief objects of this association, namely, "To foster the Spirit of Patriotism."

Let us band ourselves together more firmly and form a closer bond of friendship, for, as the years go by we, Spanish-American War Nurses, will not increase in numbers, but in the course of human events will grow fewer and fewer.

This year we have not had many calls for aid, as the report of the treasurer will show. Fearing that some of our comrades would suffer during the floods in Ohio, I asked the corresponding secretary to ascertain if any members of the S. A. W. N. Association needed assistance, and she reported that no member was in distress.

Nothing has been done this year to further the "General Service Pension" project for the S. A. W. N., although there is a pension bill for the Civil War Nurses, and an effort is being made to pension the widows and children of "Spanish-American War" soldiers. Four of our comrades have secured their disability pension claims this year, but the amount is small, only \$12 per month.

I hope that we may have better news to report on this subject at our next convention.

I wish to thank the officers of this Association for their assistance, especially the two secretaries and the treasurer, as they have been very kind, and, as their reports show, they have borne the burden of the work.

I thank you all for your loyalty and good will.

MARY MCLOUD.

President Spanish-American War Nurses.

Navy Nurse Corps

APPOINTMENTS—Mary K. Calhoun, R.N., Jefferson Medical School Hospital, Philadelphia, Pa.; Esther A. Moser, R.N., Jefferson Medical School Hospital, Philadelphia, Pa.; Maud Alverson, R.N., Howard Hospital, Philadelphia, Pa.; Marguerite C. Begley, R.N., Providence Hospital, Oakland, Cal.; Lucinda Patton, R. N. Memorial Hospital, Richmond, Va., post-graduate course General Memorial Hospital, New York, N. Y.; Margaret A. Lytton, Pulaski Co. Hospital, Little Rock, Ark., post-graduate course New York Polyclinic Hospital; Marion A. Farquhar, R.N., Pennsylvania Hospital, Philadelphia, Pa.; Virginia Miller, Good Samaritan Hospital, Lexington, Ky.; Emilie Steiner, R.N., St. Peter's Hospital, Albany, N. Y.; Blanche K. Ferguson, R.N., State Hospital, Scranton, Pa.; Mary A. Doran, R.N., St. Peter's Hospital, Albany, N. Y.; Ellen L. Penna, R.N., Illinois Training School, Chicago, Ill.

TRANSFERS—Jean Allan, from Washington, D. C., to Brooklyn, N. Y.; Maud Alverson, from Washington, D. C., to Newport, R. I.; Florence C. Egeler, from Washington, D. C., to Newport, R. I.; Mary G. Johnson, from Washington, D. C., to Chelsea, Mass.; Edith G. Lightle, from Washington, D. C., to Chelsea, Mass.; Margaret Seitz, from Chelsea, Mass., to Washington, D. C.; E. Helena Hoepfner, from Norfolk, Va., to Philadelphia, Pa.; Katherine Patterson, from Philadelphia, Pa., to Mare Island, Cal.; Anna A. Wayland, from Chelsea, Mass., to Brooklyn, N. Y.; Jane G. Mooney, from Brooklyn, N. Y., to Mare Island, Cal.; Lucinda Patton, from Washington, D. C., to Philadelphia, Pa.; Vera Wright, from Washington, D. C., to Brooklyn, N. Y.; Susie Fitzgerald, from Washington, D. C., to Chelsea, Mass.; Claribel M. Pike, from Mare Island, Cal., to Canacao, P. I.; Alice M. Annette, from Canacao, P. I., to Washington, D. C.; Lucy A. Keenan, from Mare Island, Cal., to Washington, D. C.; Edith Muray, from Mare Island, Cal., to Brooklyn, N. Y.; Mary M. Hickman, from Washington, D. C., to Newport, R. I.; Anna W. Parsons, from Washington, D. C., to Newport, R. I.; Mary J. Carr, from Washington, D. C., to Newport, R. I.; Mary A. Sheehan, from Chelsea, Mass., to Newport, R. I.; Mary M. Ridgeway, from Annapolis, Md., to Washington, D. C.; Louise Person, from Washington, D. C., to Chelsea, Mass.; Mary P. Leeder, from Washington, D. C., to Philadelphia, Pa.; Mary E. Walsh, from Norfolk, Va., to Washington, D. C.; Betty Mayer, from Canacao, P. I., to Philadelphia, Pa.; Anna G. Davis, from Canacao, P. I., to Philadelphia, Pa.; Alice Henderson, from Guam, to Canacao, P. I.; Margaret Pierce, from Guam to Canacao, P. I.; Esther A. Moser, from Washington, D. C., to New York, N. Y.; Lucinda Patton, from Philadelphia, Pa., to Brooklyn, N. Y.; Philena P. Cheetham, from Newport, R. I., to Annapolis, Md.; Margaret Lytton, from Washington, to Norfolk, Va.; Emilie Steiner, from Washington, D. C., to Brooklyn, N. Y.; Mina B. King, from New York, to Annapolis, Md.; Sarah B. Stebbins, from Brooklyn, N. Y., to Annapolis, Md.; Mary K. Calhoun, from Washington, D. C., to Brooklyn, N. Y.

RESIGNATIONS—Anna B. Annette, Margaret D. Murray, E. Helena Hoepfner, Ada E. Davis, Emily C. Smith, Alice M. Wheeler, Vera Wright. LENAH S. HIGBEE, Sup. Nurse Corp. U. S. N.



Vermont

STATE BOARD EXAMINATION

Materia Medica and Urinalysis. 1. What are the names of weights used in the apothecaries' table? 2. Define (a) expectorant, (b) digestant, (c) rubefacient, (d) diuretic, (e) emetic, (f) cathartic. 3. Give dose of croton oil. (a) How best administered? 4. Give (a) ordinary name of oleum tiglli (b) oleum terebinthinae, (c) oleum ricini. 5. If nitroglycerine gr. 1-200 hypodermically was ordered and you only had tablets gr. 1-100, how would you proceed? 6. Name two emetics easily procured in any household. 7. What is indicated by the order, "Give hydragryi chlor mite, grs. ii, t.i.d."? (a) What should be avoided in diet after? 8. What precautions should be taken in administering iron preparations? (a) Name some of the iron preparations used as medicine. 9. Give usual hypodermic dose of strychnia. (a) Name two alkaloids of opium in common use and hypodermic dose of each. 10. How would you treat a case of poisoning by carbolic acid? 11. Give test for (a) acid, (b) alkaline urine. (c) Give a test for albumen in urine. 12. What is specific gravity of normal urine. (a) Give amount secreted in twenty-four hours.

Anatomy and Physiology. 1. Name the three great cavities of the body. 2. How many bones in the lower extremity? 3. Why do bones of the aged break more easily than those of the young? 4. Name the divisions of the small intestine. What is the pylorus? 5. What is the function and capacity of the gall bladder? 6. Where does the femoral artery begin? 7. How do arteries and veins differ in structure? 8. Name four particulars in which expired air differs from the air inspired. 9. What is the shortest possible course blood can take in passing from one side of the heart to the other? 10. What is the size of red blood corpuscles? Of white blood corpuscles? 11. Of what elements are fats composed? 12. When is a limb flexed? Extended? Abducted? Adducted? Rotated?

Medical Nursing and Hygiene. 1. State (a) the cause, (b) the symptoms of bed sores. (c) How prevented? (d) Give treatment in full. 2. What is (a) the normal temperature of the body in health? (b) What are the limits of temperature in health? (c) Where may temperature be taken? (d) How does it differ in these locations? 3. Name the sequelæ and complications of scarlet fever. 4. How do typhoid bacilli enter the system? (a) By what mediums are they conveyed? (b) What precautions must a nurse adopt to protect herself and others in nursing typhoid? 5. Give some of the "danger signals" in pneumonia crisis. (a) What treatment should be given at the time? 6. Define (a) communicable (b) contagious, (c) infectious disease. Give example of each. 7. Under what conditions are nutritive enemas ordered? (a) How are they given? (b) How often? (c) Give a formula for same. 8. Give nursing treatment in detail for sudden col-

lapse of patient. 9. Describe appearance of blood in hemorrhage from lungs. (a) Define nurse's duties in such an emergency. 10. Give all the essentials of an ideal or hygienic sickroom. 11. What are the duties of a nurse when caring for a case of tuberculosis? 12. What is (a) empyema? (b) Of what disease is it a sequel? (c) Give treatment. How can you determine if the air of a sickroom is fresh?

Obstetrics. 1. What do you understand by the term pregnancy? 2. What are the physical signs? 3. Define the following: (a) Abortion, (b) premature labor, (c) extra-uterine pregnancy, (d) placenta previa. 4. (a) How many stages of labor? (b) Describe each. 5. How would you prepare a bed for labor in a private house? 6. What care would you give the breasts before and after delivery? 7. (a) What is the lochia? (b) What are the signs of hemorrhage? 8. What are the symptoms of eclampsia? 9. (a) What care should you give the eyes of the new born? (b) The mouth? 10. If alone, what would you do for secondary hemorrhage from the cord? 11. (a) What is the best food for babies? (b) Give temperature of water for first bath? 12. What is the danger of using a glass catheter during labor?

Surgical Nursing and Bacteriology. 1. Define strabismus, myopia, hypermetropia and ophthalmia neonatorum. 2. What is the safest method of removing a foreign body from the ear? 3. Define fracture, ecchymosis, gangrene, abscess. 4. Define antiseptics, germicides, deodorants. Name one of each, with indications for its use. 5. Classify bacteria, according to shape. What conditions are necessary to their growth? 6. Define spore, parasite, saprophyte. Name two spore-bearing bacteria. 7. Describe in detail the various steps in catheterizing a female patient. 8. Name and describe uses of five positions of patient for operation or treatment. 9. What is cystitis? 10. What becomes of a silk ligature left buried in the tissues? 11. Define hemorrhage, shock, coma, asphyxia, syncope. 12. Name four purposes for which enemata are administered.

Practical Nursing and Dietetics. 1. Name three qualifications necessary for a nurse to have. 2. Name three ways of introducing medicines into the system. 3. How would you collect a twenty-four hour specimen of urine? 4. Define the following: (a) Subsultus, (b) tympanitic, (c) dyspnoea, (d) cyanotic. 5. How could you improve a Kelly pad? 6. (a) What position would a patient naturally take when suffering from peritonitis? (b) Why? 7. State in detail your method of making and applying a mustard paste. 8. In what way does the serving of food affect digestion? 9. How would you make kumys? 10. Explain the advantage of taking a glass of milk slowly. 11. Why is bread more easily digested when toasted? 12. How is the fuel value of foods expressed?



Massachusetts

The following is the amendment to the Nurses' Registration Act:

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Strike out section three of chapter four hundred and forty-nine of the acts of the year nineteen hundred and ten, and in the place thereof insert a new section as follows: Application for registration shall be made upon blanks furnished by the board, and shall be signed and sworn to by the applicants. Applicants for registration under this section, who shall furnish the board with satisfactory proof that they are twenty-one years of age or over, of good moral character, and that they have received a certificate of graduation from a training school for nurses, giving at least two years' training in a hospital, and considered efficient by the board, shall, upon payment of a fee of five dollars, be examined and, if found qualified, shall be registered and authorized to use the title "registered nurse," and shall receive a certificate thereof from the board signed by its chairman and secretary.

An applicant who fails to pass an examination satisfactory to the board, and is therefore refused registration, shall be entitled, within one year after such refusal, to a re-examination at a meeting of the board, called for the examination of applicants, without the payment of an additional fee. The said board may, after a hearing, by vote of a majority of its members, annul the registration and cancel the certificate of any nurse; and, without an hearing, may annul the registration and cancel the certificate of a nurse who has been found guilty of a crime or misdemeanor.

The board shall have authority under this section to investigate at any time the training schools for nurses in this commonwealth, for the purpose of determining their fitness and efficiency as shown by their general equipment, by the character, the methods and the extent of instruction given therein.

For the purpose of such investigation, the board may employ a person legally entitled to "R. N.," and who is a graduate of a training school for nurses connected with a hospital of at least fifty beds, and which gives a course of instruction in the art of nursing, covering a period of not less than two years.

All expenses for such investigation shall be paid by the commonwealth from the amount received for the registration of nurses. All fees received by the board for the registration of nurses shall be paid once a month into the treasury of the commonwealth.

The second meeting of the Massachusetts League of Nursing Education was held at Boston on the afternoon of January 31, when the organization was perfected by the adoption of a constitution and by-laws, and the election of officers. Miss Nichols, of the Boston City Hospital, was chosen president; Miss Allen, of Newton, vice-president, and Miss McRae, of the Massachusetts General, secretary-treasurer. The program consisted of a talk on "Efficiency," by Miss Minnie Goodnow, hospital specialist, which was very favorably received.

A meeting of the Massachusetts State Nurses' Association was held January 31. The special

business was the amendment to the nurse registration bill. A paper on the amendment by Miss Mary Riddle had been presented at a previous meeting. This was discussed by Miss Parsons, and Miss Jaquith.

The Training School for Nurses of the New England Baptist Hospital, Boston, held graduation exercises on Tuesday evening January 27, at Kingsley Hall, Ford Building, with the following program: Greeting, Dr. George S. C. Badger, chairman training school committee; Songs by Miss Marion H. Haskell; Address to the Nurses, Dr. Hugh Cabot—subject, "The Professional Nurse in Relation to Social Problems"; Presentation of Diplomas, by Colonel Edward H. Haskell, president of the board of trustees; Nurses' Reception. The graduates are: Susie Margaret Brinton, Helen Beatrice Dunne, Ethel Ashmore Boggs, Zena Margaret Christie, Marianthe Lekatze, Mersene Georges Aneste, Hester Elizabeth Withers, Ethel Parker Phinney.

The nurses Alumnae of St. Vincent's Hospital, Worcester, Mass., held its annual reunion and banquet at the Bancroft Hotel. Greetings were read from Mother Mary, of Providence. After the social part of the evening was over, a business meeting was held at which these officers were re-elected: President, Miss Celia Morley; vice-president, Miss May Stafford; secretary and treasurer, Mrs. James McDonald; executive committee, Miss Anna Cronin, Miss May Gorman and Anna Kirby. Arrangements are being made for a dance to be given after Lent.



Connecticut

The Meriden Hospital Alumnae Association celebrated its third anniversary by giving a dinner at Maynard's Goffe House, on Tuesday evening, January 13. Covers were laid for fourteen. Before dinner a short business meeting was held. Officers were elected for the coming year, as follows: President, Miss Edith Hanson; vice-president, Miss Lulu Carpenter; secretary, Miss Lucy Baumiller; treasurer, Miss Mary Rahaley; pres. com., Mrs. C. W. King. The nurses voted to establish a registry with a fixed scale of charges, Miss Hartenstein to have charge.

The regular monthly meeting of the C. T. S. Alumnae Association was held as usual on February 5. The meeting was called to order by the first vice-president, Miss Bigelow. Routine business followed, after which was discussed the plan of having a limited "sale" to add to the local

"Endowment Fund;" also, instead, to ask each member and graduate to give one dollar outright; as this latter plan seemed the favored one, it was so voted, as giving the best results with the least amount of labor. Therefore, all interested living away from New Haven, are invited to send contributions to Miss Elizabeth Payne, 25 Beers Street, New Haven, at their earliest convenience, and before the March meeting, if possible. Notice was read of the death on December 23, 1913, in Portland, Me., of Miss J. Ella Clapp, Class 1885, and the following resolution was adopted:

The Alumnae Association of the C. T. S. learns with deep regret of the passing away of one of its oldest members, J. Ella Clapp, and expressive of the sorrow which this sad event has brought upon its members, places on record this vote, i.e.:

That the death of Miss Clapp has taken from us a good nurse, a woman of lofty ideals, always ready to respond to the call of duty, true to every trust imposed upon her and one whose life should be regarded as an example for all of us to follow.

As there was no further business, the meeting adjourned.



New York

A course of lectures which should be of great interest to all nurses who are trying to keep abreast with social progress are to be given under the auspices of the National Florence Crittenton Mission, at 46 East 29th Street, New York City, on the following dates: Friday, February 27—"Actual Moral Conditions in New York," Frederick H. Whitin, secretary of Committee of Fourteen. Friday, March 6—"Law and Law Enforcement," James Bronson Reynolds, president National Vigilance Committee. Friday, March 13—"Night Court Conditions," Judge Henry Herbert. Friday, March 20—"The Danger to the Community of the Neurasthenic," Dr. Max G. Schlapp. Friday, March 27—"The Church and Its Responsibility to Social Relations," Dr. Henry A. Stimson, pastor Manhattan Congregational Church. Friday, April 3—"Practical Experience with the Social Evil in Eighty Cities," Dr. Kate Waller Barrett, president National Florence Crittenton Mission. The lectures will be given at 4 P.M.

The following is a synopsis of the proposed amendment to the public health law, relative to the practice of nursing: Definition—"To practice as a nurse within the meaning of this article shall include the care of the sick or injured as a nurse or registered nurse." The right to practice as a nurse or registered nurse is restricted to

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Second Section—Winter Class, opens March 18th, 1914

Spring Class, opens May 20th, 1914

Summer Class, opens July 6th, 1914

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutic Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania.)

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College.)

B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penn. Orth. Institute.
Edith W. Knight, Elizabeth Jamison }

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MAX J. WALTER, M. D., Superintendent

graduates of schools approved by the Regents, but "The provisions hereof shall nor prevent or prohibit the performance of services, either with or without compensation, in caring for the sick or injured by any person as a trained attendant, or in any manner other than as nurse or registered nurse." Schools not approved by the State Education Department may train attendants, but not nurses, and may not issue a diploma, certificate or other written instrument indicating that such person is entitled to practice as a nurse. A waiver will provide for the registration of all who are now engaged in the nursing without examination, except for practical nurses, who have had less than five years' experience, such nurses being required to pass a practical examination only, this waiver to be in effect for three years from the passage of this Act. Minor Features—The law provides for violations of the article, reciprocity, a secretary to the Board of Nurse Examiners, and for the elimination of the requirement for re-recording every three years.



Pennsylvania

The members of the Nurses' Alumnae Association of the Wilkes-Barre City Hospital, of Wilkes-Barre, met and adopted the following resolutions:

WHEREAS, It has pleased our Heavenly Father, in His infinite wisdom, to remove from our midst Gertrude Argust, of the Class of 1912;

RESOLVED, That we desire to express our sincere sorrow for her death, and extend to her family our heart-felt sympathy in this, their bereavement; and be it further

RESOLVED, That a copy of these resolutions be presented to her family, be placed on the minutes of the Association and published in the *Journal of Nursing* and *THE TRAINED NURSE*.

MARIETTA H. MACINTOSH, R.N.,

ANNA R. EVANS, R.N.,

RUTH WILLIAMS, Committee.

The Mercy Hospital, of Wilkes-Barre, conducted by the Sisters of Mercy, gave its annual retreat to nurses and graduates of the institution from December 4 to 8. Father Quinn, of the Passionate Order, had charge. At the close, the nurses held a general reunion, and the election of officers of the Alumnae for the year 1914 was held. Miss Mary Judge, of Pittston, was elected president. Miss Laura Hughes, of Plymouth, vice-president; Mrs. Edward Dougherty, of Ashley, secretary, and Miss Nellie Loftus, of Wilkes-Barre, treasurer. It was decided to hold the regular meeting every three months, on the first Monday evening of the months of January, April,

July and October. For the benefit of all the graduates who are called out of the city, they may register and pay annual dues first Monday of January. Sisters Regina and Ricarda, in behalf of the institution, wish a hearty co-operation of all the graduates. A nurses' registry will be established, all the alumnae in good standing may register, and by a little effort on the part of each nurse it is hoped to make the alumnae a credit to Mercy Hospital.

The graduate nurses of the State Hospital Alumni Association, Scranton, held their annual meeting at the Nurses' Home on the evening of January 22. The following officers were elected for 1914: President, Miss Elizabeth Saul; vice-president, Maud Robbins; treasurer, Edith Hut-ton; secretary, Miss Charlotte Williams; member of executive committee, Miss Edna Long. Much interest was shown at this meeting. Several social affairs were arranged for.

The Nurses' Alumnae Association of the Woman's Hospital, held its twenty-fourth annual meeting on January 21 at the Philadelphia Club for Graduate Nurses, at 1520 Arch Street, President Miss Bratton in the chair. New officers for the coming year were elected: President, Nellie W. Guthrie, R.N.; first vice-president, Margaret M. Bratton, R.N.; second vice-president, Sarah S. Entwisle; third vice-president, Mabel Ewart; recording secretary, Helen S. Bixby, R.N.; corresponding secretary, Emma P. Vollers; treasurer, Helen F. Greaney, R.N. Thirty-seven members paid \$1 each to the National Relief Fund, and will pay the same for 1914, making the third year, as promised. The Alumnae is adding \$25 to this from the funds of the society. The Association is interested in raising funds for night nursing work at the Visiting Nurse Society; \$71 has been raised and a number of the nurses have given their services for night work. Mrs. S. S. Entwisle will give a "500" benefit for this fund during February. Ten new members were added to the roll during the year of 1913.

The Alumnae Association of the Allentown Hospital Training School for nurses held their regular monthly meeting February 2nd, 1914, at the home of Mrs. Hertz, 125 North Eighth Street, Mrs. Hertz presiding. Twenty-one nurses were present. The reports of the secretary and treasurer were read and accepted. Papers were read by the Misses Diehl and Thomas, were enjoyed by all present. At the close of the meeting refreshments were served.

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West Virginia

The regular monthly meeting of the Ohio County Association of Graduate Nurses was held Thursday, February 12th, 3 p.m., at the North Wheeling Hospital. Eighteen members responded to roll call. Reports of officers and committees were given, and seven names were voted on for membership. The Association now has \$105 in the treasury toward the entertaining of the State Association which will meet in Wheeling in September. After the business was disposed of subjects of interest to the profession were discussed, then followed a social hour.



Virginia

In order to keep their course of teaching well up to the standard, as well as to provide a feature which will be of great value and assistance to them, the Memorial Hospital, of Richmond, will in the near future include in the training of nurses a course on public health and social service.

Dr. Douglas Freeman has been requested to deliver an address on the organized charities of Richmond; Dr. John J. Lloyd, Jr., resident physician at Catawba, on the field of the nurse in tubercular work, while Chief Health Officer E. C. Levy, Miss N. J. Minor, of the Nurses' Settlement, and Miss Sarah Roller, of the Juvenile Court, have promised to help the hospital in its special lecture course. The lectures will be continued from time to time until March.

All of the graduate nurses in the city and the pupil nurses from other hospitals will be invited, so that the series will not be confined to one institution.



Ohio

The Baltimore & Ohio Railroad has placed a trained nurse on its pay roll at Chicago Junction, O., where the young woman will be connected with the hospital staff, and will devote her time to caring for railroad employees confined to the institution on account of sickness. The hospital is connected with the Railroad Branch of the Young Men's Christian Association. Chicago Junction is one of the large terminals of the Northwestern lines of the Baltimore & Ohio system, being the point of intersection of the lake lines with the main route to Chicago. Several hundred railroad men from three divisions of the road run in and out of Chicago Junction, and a feature of the hospital is that the railroad men, while laying off between runs, can secure medical attention for minor ailments, or they can enter the hospital any time that illness warrants.

Indiana

Mrs. George W. Wyman, widow of the late millionaire merchant of South Bend, announced a gift of \$5,000 to the South Bend Visiting Nurses' Association. The sum is to provide for five extra nurses for South Bend's poor who are in need of nursing. It is anticipated that Mrs. Wyman will provide for an annual settlement of a like sum with which to carry on the work. Since Mr. Wyman's death benevolences of over \$500,000 have been announced, practically all of the money going to South Bend people and institutions.



Michigan

The nurses' Alumnae of Mercy Hospital, Cadillac, Mich., held their annual meeting and election of officers on January 30, 1914. Officers of previous year were re-elected. The business meeting was followed by a banquet.

The Kalamazoo Graduate Nurses' Association, at its annual meeting, elected the following officers: President, Edith M. Cowie, re-elected; first vice-president, Mabel Rose; second vice-president, Florence M. Lee; secretary, Jennie Brower, re-elected; treasurer, Effie Pierce, re-elected; member of the board of censors for three years, Frances Flower. After the business meeting followed a banquet at the Hotel Berghoff and an enjoyable social time.

The U. B. A. Hospital Training School for Nurses, Grand Rapids, Mich., is rejoicing in the novel and exceedingly valuable gift of a large collection of anatomical models and casts of the human body, made by Dr. William Fuller, the donor, who is at present chief of the medical staff of the hospital. The work of creating these casts or models of the different parts of the body has extended over a large part of his lifetime. He has made the study of anatomy practically a life study, beginning it fifty years ago, when he was a boy in his teens.

Owing to lack of space, only about thirty casts are at present in use, the remainder being stored to await the new building, in which a room is to be specially arranged for them. The models, many of them, represent a high commercial value, and the entire collection would be a valuable asset to most large medical institutions or hospital schools.



Illinois

The annual meeting of the graduate nurses of the Deaconess Hospital Alumnae Association was

AFTER THE ACUTE DISEASES

such as typhoid fever, pneumonia, pleurisy, influenza, or those requiring surgical operations, the return to health often depends on the thought and attention given to restorative treatment. If, however, a reconstructive like

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is used, the result is rarely, if ever, in doubt. Unlike many remedies commonly used to promote convalescence, "Gray's" does not act by "whipping up" weakened functions. On the contrary, it improves the appetite, gives valuable aid to the digestive and absorptive processes, and reinforces cellular nutrition in ways that insure a notable gain in vitality and strength.

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Just write for your free folder showing how you can save money buying Aznoe's Pre-Shrunk Uniforms. We promise more in our uniforms than you have ever known—made-to-order, perfect fit, goods shrunken before cutting; your money back without a question if you are not satisfied.

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We have accomplished this for others. We can do the same for you. If you are interested in institutional work, and desire a good paying position, you should send for your free booklet; it clearly defines the object of Aznoe's Registry; you should have yours. Do not put it off, send for it NOW.

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Central Registry for Nurses
3544 Grand Boulevard, Chicago, Ill.
Largest Nurse Registry in America

held at the Deaconess Hospital Peoria, January 15, 1914. The following officers were elected for ensuing year: Miss May Charlesworth, R.N., president; Miss Mabel Gillan, vice-president; Miss Flora E. Timken, secretary; Miss Margaret Breitenstein, treasurer. Much business was transacted and interesting plans for the new year were discussed. The meeting adjourned to meet at hospital the first Wednesday in February.



Minnesota

The tenth annual graduating exercises of the N. P. B. A. Hospital Training School for Nurses took place January 23, in Elk's Hall, Brainerd. A class of seven nurses was graduated. The hall was profusely decorated in red and white and cut flowers. The address was given by Dr. W. A. Coventry, of Duluth, Minn. The exercises were followed by a dancing party. Miss Maude Isabel Manning, R.N., superintendent of nurses of the N. P. B. A. Hospital, Brainerd, for the past four years has resigned, and will go to her home in Florida. Her successor is Miss Irene English.

The Hennepin Co. Registered Nurses' Association, Minneapolis, held its regular monthly meeting January 14. The subject for discussion was "The Woman's Welfare League."



Montana

The graduating exercises of the Class of 1914 of the Murray Hospital Training School, Butte, were held in the Arcade of the Hospital January 28, ten nurses receiving diplomas.

The Arcade was beautifully decorated with class colors, palms and cut flowers, and was packed to its capacity with friends of the graduates. An interesting program was given: March, Mr. Will Symons; short opening address, Dr. T. C. Witherspoon; invocation, Rev. G. S. Wolfe. The address to the graduates by a pioneer physician in the West, Dr. Hammond, was highly appreciated by all nurses present. Song and encore, Miss Nelson; recitation, Miss Dolores Naughton. Address and presentation of diplomas, Dr. Witherspoon. The exercises were followed by a dance given the graduates by Dr. and Mrs. Murray, in their residence, opposite the hospital. A delicious buffet supper was served by the nurses in their dining room after the exercises and dance. Class: Miss Halle Wilson, president; Miss Gertrude Lauffer, Miss Elizabeth Hoem, Miss Lillian Casey, Miss Ruth Sepple, Miss Ceceli Gervais, Miss Anna Auldhouse, Mrs. Rose Barslow, Mrs. MacDonald, Mrs. Jones.

Louisiana

Thirty young women who have completed their trained nursing course received diplomas Wednesday afternoon, December 10, at the Charity Hospital, New Orleans. Instrumental and vocal musical selections and addresses by Sister Agnes, Dr. J. A. Danna, chairman of the faculty, and Dr. Wilkins, superintendent, and the Rev. Father Thomas Larkin characterized the graduating exercises, which were held in the lecture room in the Nurses' Home at the hospital.

In her address Sister Agnes recalled the fact that the exercises of Wednesday marked the passing of two decades since the inauguration of the Charity Hospital Training School for Nurses. During the past year, said Sister Agnes, fifty-three applicants were accepted by the school, and forty-seven retained as pupils.

"The record of last year's work has been one of advancement. Indications are that the coming year will show still more gratifying results. The senior class of 1914 will comprise forty-one pupils and the junior class twenty-five, to be completed from the most eligible probationers. The admission of the latter has been retarded because of lack of accommodation."



California

Monday, December 8, 1913, nine graduates completed their course of three years at the Sisters' Hospital, Los Angeles. The graduating class were entertained at dinner, followed by an automobile drive through the orange groves. The undergraduates tendered a reception and minstrel show in the evening; the class colors, blue and white, prevailed in every detail. Dr. E. T. Dillon presented diplomas, with an appropriate address. The graduates are: Lucy McGarry, Clementine Reister, Rose Stone, Gladys Sketchley, Elena Peterson, Grace Foxen, Anna Dolan, Elizabeth Mancha, Theresa Estendorfer.



Personals

Miss Hannah Crowley, R.N., former superintendent of Mary Immaculate Hospital, Jamaica, N. Y., Training School, and Miss Helen Ryan, R.N., have resigned from that institution to enter a new field of labor.

Mrs. Pearl Guynes, who has been dispensary nurse of the Juvenile Detention Home of Chicago, Ill., has accepted the position as head nurse of same.

Miss Anna Mahoney, R.N., from Southold, L. I., has assumed her duties as superintendent of

Cell Nutrition

Food received into the body must, in order to supply nourishment to the body-cells, conform to certain biological requirements.

It must contain certain essential proximate principles required by the life-forces to renew inevitable and necessary tissue-waste.

It must present such physical and chemical properties as to become readily assimilable by the body-fluids, which convey the nutritive elements to the cells themselves.

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complies with the above simple, yet necessary, requirements, and hence is practically a perfect cell-food.

Made of whole wheat and malted barley, Grape-Nuts contains the nutritive elements of these cereals, including the frequently overlooked "mineral elements—the phosphates," and is so thoroughly cooked under the most rigid sanitary conditions as to be at the top of the list among foods which are "easily digestible and assimilable," even by weakened digestive organs.

Physicians who have tested Grape-Nuts in many "de-nutritive" conditions have learned to rely upon this scientific food as they do upon their tried and true remedies.

The *Clinical Record*, for Physicians' bedside use together with samples of Instant Postum, Grape-Nuts and Post Toasties for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

Postum Cereal Co., Ltd., Battle Creek, Mich.

Mary Immaculate Hospital Training School, with Miss Margeret Walsh, R.N., as assistant superintendent. Both Miss Mahoney and Miss Walsh are graduates from this school in the year 1910.

Miss Lauder Sutherland, principal of the Training School, Hartford Hospital, Hartford, Conn., left on the Clark's Cruise to the Orient, Steamship "Rotterdam," on February 2, and expects to be away about two and one-half months.

Miss Olive Riley, graduate of the General Hospital Training School, Paterson, N. J., has resigned her position at Colon Hospital, Canal Zone Panama, and has been appointed to the Navy Nurse Corps, and is at present stationed at the U. S. Naval Hospital, Washington, D. C.

Miss Lillian Riley, who accompanied the Bishop and Mrs. Restarick to their Honolulu home for the winter, sailed for Japan February 1, to attend the Cherry Blossom Festival there, prior to returning to her home in New York City.

Mrs. H. B. Aznoe, R.N., of Chicago, is spending two weeks in Cuba, and will go from there to Miami, Fla., for the balance of the winter.

Dr. F. L. S. Reynolds of Middleboro, Mass., has been appointed superintendent of the Lakeview Sanitarium in New York State.

Dr. Wm. T. Zell has accepted the position of superintendent of the Homeopathic Hospital, Reading, Pa.



Marriages

On January 24, 1914, at Bogota, N. J., Miss Harriet E. Layton, Hackensack Hospital, Hackensack, N. J., to Mr. John McNaughton. Mr. and Mrs. McNaughton will live in New Brunswick, N. J.

On January 17, 1914, at St. Mary's Church, Elizabeth, N. J., Miss Etta Naughton, of Madison, N. J., to Mr. James J. Cahill, of Elizabeth, N. J.

On January 10, 1914, at New York City, Miss Marie Franklin, of Windsor, Md., to Dr. Linn Emerson, of Orange, N. J.

On January 1, 1914, at Trinity Church, New York City, Miss Julia Livingston Van Keuren, of Brooklyn, N. Y., to Mr. George Hewlett Hicks.

On February 2, 1914, at St. Elizabeth's Church, Philadelphia, Pa., Miss Beatrice Harris, formerly head nurse at the Peekskill Hospital, N. Y., to Mr. Edward Sause, of New York.

On December 27, 1913, at Jersey City, N. J., Miss Susie N. Griffing, of Shelter Island, to Dr. Harold Milne French, of Mt. Vernon, N. Y.

On February 2, 1914, at Brooklyn, N. Y., Miss Jean Fitzsimmons to Charles Wardell Schofield. Mr. Schofield died two hours after the ceremony.

On February 8, 1914, at Jacksonport, Wis., Miss Ella R. Graf, R. N., class of 1910, Ft. Wayne Lutheran Hospital, Ft. Wayne, Indiana, to Mr. Charles Martins. Mr. and Mrs. Martins will reside at Egg Harbor, Wis.



Births

On January 25, 1914, at Springfield, Mass., to Mr. and Mrs. F. D. Chase, a daughter. Before her marriage Mrs. Chase was Miss Cora Simpson, a graduate of Lynn Hospital Training School for Nurses, Lynn, Mass.



Deaths

Miss Elsie Gembs, a graduate of 1913 from the Mary Immaculate Hospital Training School, Jamaica, died at the home of her parents in Brooklyn, N. Y., after a short illness. Mass was celebrated at St. Barbara's Church, with the graduates and pupil nurses present. She was an apt pupil while in training and endeared herself to patients and classmates by her kindness and self-sacrifice.

On December 23, 1913, at Portland, Me., Miss J. Ella Clapp, Class of 1885, Connecticut Training School for Nurses, New Haven, Conn.

On January 27, 1914, at Zanesville, Ohio, Miss Emily C. Greiner. Miss Greiner's death was due to typhoid fever, contracted from a patient.

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A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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Book Reviews

Sunshine Jane, by Anne Warner, author of "The Rejuvenation of Aunt Mary," with frontispiece by Harriet Roosevelt Richards. Price \$1.00.

We have all kinds of nurses, but the very latest acquisition to the ranks is the "sunshine nurse," and this little book tells all about her.

Sunshine Jane was a nurse, and her mission was not to care for sick bodies, but to heal sick souls. Jane belonged to the new order of Sunshine Nurses, whose religion was quite the most modern of all the New Thought creeds. As she put it, "We're to see the sun as always shining and always shine ourselves; and our training consists in going where there isn't any brightness and being bright, and going where there isn't any happiness and making happiness." One of the results of this creed, in Jane's theory, was that whatever one wanted and had faith to be assured of, that would one have. So when she came to take care of her invalid aunt, who promptly discarded her invalidism, and expounded her beliefs to friends and neighbors, the village found itself quite upset, and the various characters followed Jane's teachings as far as they were materially applicable to themselves, with most astonishing results.

But underlying all the droll fun is a sound and helpful doctrine of optimism and faith in the ultimate good in all things, and an entirely practical rule of happy living. Jane's intention was to bring sunshine into every life she touched, and her story will go far toward carrying out its heroine's ideal with every reader.



Anatomy and Physiology—A Text-Book for Nurses. By John Forsyth Little, M.D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. 12mo, 483 pages, with 149 engravings and 4 plates. Cloth, \$1.75, net.

This concise work presents all the essential points of anatomy and physiology which the nurse must have at command for the proper comprehension of her professional duties. The author's style is clear and untechnical, and no theories have been included except those which have been definitely accepted by teachers of these

subjects. Emphasis has been placed on the descriptions of organs and their functions, which are of fundamental importance in the practical work of the nurse. The volume is extremely well organized, and the judicious use of heavy-faced type brings out in their proper relations the various headings and sub-heads, according to their importance. The illustrations are very unusual in their excellence; many of them are taken from "Gray's Anatomy," and these have the names of the parts engraved directly on the face of the cut, so that each part, its relations and extent are manifest at a glance. At the end of each chapter there is a list of questions which serves to impress upon the mind the salient points in that chapter. At the end of the book there is a table of weights and measures, a full glossary and an admirable index.



Exercises for Women. By Florence Bolton, A.B., Stanford University. Fully illustrated with over one hundred drawings and half tones, and with illustrated details of mat exercises. Price \$1.00.

While most women are definitely in need of some sort of simple and suitable exercise, but comparatively few can go to a gymnasium, or even have a teacher's direction at home. With a view to helping such women this book has been arranged. The first three chapters of the book are devoted to such questions as have come up most frequently in the course of the long practical experience of the author in gymnastic work, and physical examination. Exercises done with a certain understanding will not only be more interesting, but are not so apt to be used injudiciously. The book has an appendix arranged for teachers, in which the exercises given in the body of the book are tabulated for convenience, and with groups of heavier movements to be used at discretion. It also includes three sets of chest weight exercises, based on different principles, and differing widely from those commonly given. We suggest that nurses are especially adapted for such teaching, and that this instruction might prove a pleasant and profitable change from the ordinary nursing duties.

(Continued in Publisher's Desk)

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Mennen's is the purest and safest of Toilet Powders for "Mother's Baby" or "Baby's Mother." It not only smooths, but soothes the skin; not only hides, but heals the rawness or roughness and prevents chafing.



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It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's.
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The Nurses' Outfitting Association has been in existence for more than twelve years. It started in a very tiny way and has grown and grown of itself steadily and normally, because of its splendid reliable work.

The founder of the Nurses' Outfitting Association, having been ill for years and thrown continually with nurses, became familiar with their troubles procuring uniforms. There were in the shops some colored ones—shapeless affairs not justifying the name. And in the whole United States there was not on sale a single white uniform of any description.

Realizing the nurses' needs, and after long experimenting, the first tailored uniforms were successfully put upon the market. Hundreds of gratified nurses instantly responded.

The *white uniforms* were the first novelty of the Nurses' Outfitting Association. Nurses using white wore mostly piques and linens. By testing numerous materials—the linens, poplins, cambrics, percales, madras, etc., were selected and have since been found to be most satisfactory. They are the staples today.

After discovering the materials, great care and attention were given to the patterns, and when offered to the public, the uniforms were found to be excellently cut, shaped and sewn, and of fine fit. Colored uniforms for the first time were of good appearance. Unnecessary fullnesses were abolished, and nurses began to appreciate the fact that garments properly and stylishly cut could still be uniforms, and that their uniforms need not unnecessarily be disfiguring nor ugly.

Many innovations for the comfort, welfare and appearance of the nurses were added, and whatever was unsightly or uncomfortable, was discarded. Styles have been changed from season to season to make the uniforms conform, in as far as possible, with the prevailing modes. No expense has been spared to procure in each department, the best possible service for designing cutting, fitting, stitching, etc. Therefore, the garments keep their shape and wear well, and the same nurses come, year in and year out, for their uniforms, also sending their friends,

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Nurses find Comfort Powder a veritable "Comfort" in the sick room. It gives quick relief to patients suffering from bed sores, scalds, burns, itching, heat rashes and all skin irritations.

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The Pneumonia Convalescent

While the course and progress of acute lobar pneumonia is short, sharp and decisive, the impression made upon the general vitality is often profound, and apparently out of proportion to the duration of the disease. Even the robust, sthenic patient is likely to emerge from the convalescent period with an embarrassed heart and general prostration. In such cases the convalescent should be closely watched and the heart and general vitality should be strengthened and supported, and this is especially true, as applied to the patient, who was more or less devitalized before the invasion of the disease. For the purpose indicated, strychnia is a veritable prop upon which the embarrassed heart and circulation can lean for strength and support. As a general revitalizing agent is also needed at this time, it is an excellent plan to order Pepto-Mangan (Gude), to which should be added the appropriate dose of strychnia, according to age, condition and indications. As a general tonic and bracer to the circulation, nervous system and the organism generally, this combination cannot be surpassed.



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In order to complete the hospital training and place you in the upper ranks in your nursing profession, the interesting branch of mechano-therapy would mean a very valuable addition to you. A large number of every class are being placed in charge of the mechanical departments of leading hospitals and sanatoria, or as instructors in massage to the nurses in training. Wouldn't this change in your routine, with the long, tiring hours of general nursing, appeal to you? If you write to the Pennsylvania Ortho-

pedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green Street, Philadelphia, Pa., about their courses of instruction and ask for their literature, you may find it interesting reading. Many tired nurses have found a very lucrative profession in this special branch of medicine, which blends perfectly with yours. This thought may mean a lot to you, therefore do not delay in giving it your due consideration. Courses of four months' instruction at the hands of skilled physicians and expert operators.



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As a dressing for wounds, a popular dilution is one part Listerine to ten parts water, though frequently used one to twenty; when there is a tendency to suppuration, stronger solutions are indicated, one to four being generally employed.

Listerine in 10 per cent. solution is of suitable strength to apply to scalds and burns. It is also advantageously combined with bicarbonate of soda and linseed oil. In the suppurative stage, one part Listerine to four parts water may be employed.

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If you are fastidious about your uniforms, you will appreciate the splendid workmanship, the smart appearance and good wear of the celebrated "Dix-Make" uniforms, which are ready for wear and are on sale at the leading department stores all over the country.

"Dix-Make" uniforms are made in model, sanitary work rooms, where everything is bright, clean and cheerful, and where every detail is looked after with loving care. If you have never seen the white uniforms No. 666, you will be more than surprised how much better these uniforms are than those usually made by a seamstress.

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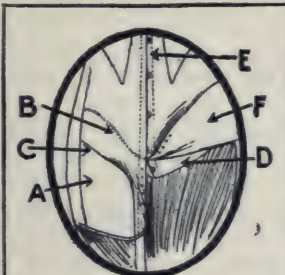
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Table of Contents

	PAGE
TRAINING THE NURSE FOR SERVICE IN THE HOME.....	<i>Emma A. Anderson</i> 199
A CONSIDERATION OF THE REGULATIONS GOVERNING NURSES IN WISCONSIN	
	<i>M. Iversen, A.M., M.D.</i> 201
THE RED CROSS OF FRANCE.....	<i>Irene D. Seddon</i> 205
HEADACHES AND THEIR PREVENTION.....	<i>Kate Lindsay, M.D.</i> 208
NURSING IN DISEASES OF THE HEART.....	<i>Minnie Genevieve Morse</i> 211
THE NURSING OF CHILDREN.....	<i>Zula Pasley, R.N.</i> 215
A MISSIONARY NURSE IN PERSIA.....	<i>Helen Easton</i> 219
CAUSE AND TREATMENT OF VARICOSE VEINS.....	<i>E. B., M.D.</i> 224
DEPARTMENT OF PUBLIC WELFARE.....	226
GLEANINGS FROM MEDICAL LITERATURE.....	228
EDITORIALLY SPEAKING.....	230
THE HOSPITAL REVIEW.....	233
BOOK REVIEWS.....	237
THE EDITOR'S LETTER-BOX.....	238
IN THE NURSING WORLD.....	241
NEW REMEDIES AND APPLIANCES.....	256
THE PUBLISHER'S DESK.....	262

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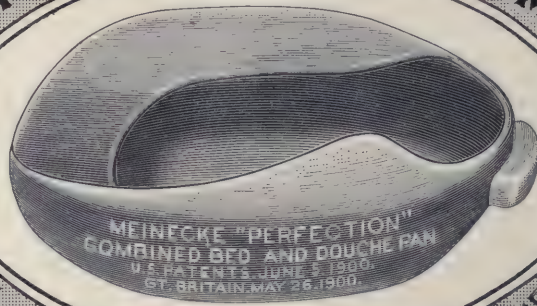
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AUSTRALIA

The Trained Nurse and Hospital Review

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No. 4

Training the Nurse for Service in the Home*

EMMA A. ANDERSON

Superintendent New England Baptist Hospital, Boston.

THE present method of training nurses for private, as well as institutional work—that is, in the hospital training school, is generally accepted as the best and most economically advantageous one, the equipment of tools and personnel being all there. But some of us are beginning to question if something additional is not needed for obtaining the best results in the case of the nurse whose field of service will be in the home. And this, I take it, means the great majority of our graduates. The methods of the institution are necessarily institutional, methodical, routined, ordered, little elastic, tending to eliminate initiative and resourcefulness. The personality of the patient, which is a dominant factor in private work here is all but discounted. In looking after a large number of patients the nurse tends more and more to generalize, whereas specialization is one of the first requisites in private practice.

But if the thorough and very necessary training which the hospital affords could be supplemented by a very brief period of work in the home, while the pupil nurse is still a pupil nurse, still under the direction of and responsible to her teachers, it seems to me that her gain and the community gain would be great.

And as the community need must be the first and chief consideration—the nurse existing for it, not it for the nurse, let us first think of the advantage it might derive from the supplementary training advocated. Quantitatively, if many or most of the training schools sent out their senior pupils for a period of, let us say, six weeks with a relatively small charge for service, many a sufferer who could not possibly meet the \$25 a week cost of the graduate nurse would avail himself of this source of help with a double resulting good—the gained experience of the pupil nurse, and a perhaps quicker and completer recovery of the patient—and what in the aggregate this might mean to the community—this lessening of a more or less recurrent or chronic invalidism due to want of trained care at the start, is really beyond computation.

And qualitatively, the general community gain would be great. How many are the tales of the institutionalized nurse who fails lamentably on the human side of her work—who brings to her high task so little true sympathy, so little of the insight of love, so little adaptability to the always new and exacting requirements of the individual case, that she seems to the patient and the patient's family not a

* Presented at the Massachusetts State Conference of Charities.

solace and support, but an alien, at times almost a hostile alien.

Of the advantage to the nurse of this preliminary home work much can be said. She meets her exacting work by degrees, as it were, while yet under the aegis of her hospital training school, the call for the resourcefulness, for adaptability, for prompt response to sudden need, is not quite so taxing as when she first stands on her own unsupported, professional feet. And when, after the time of home nursing is over, and she returns to the hospital to complete her course can she fail to come back with a wider appreciation of, a keener interest in, the training which is to fit her for the work of whose concrete demands she is now so much more vividly conscious? Incidentally too, this interplay of training school and home nursing may work to the advantage of the former. We are none of us perfect, "no, not one," and the most ably conducted school may receive an occasional suggestion from some experience of even so humble a personage as the pupil nurse.

To this idea of pupil nursing it has been objected that the opportunities of the graduate nurse would be thereby lessened. To this allow me to suggest that if the logical implication of this suggestion were followed out I am glad to believe that not a single member of the honorable body of nurses could be found to admit it. But

what is it but the assumption that the good of the great body of the community should be made subsidiary to the gain of the small body of nurses? A palpable reversal of values, an inadmissible stigma upon a noble army of high-minded public servants.

But, as a matter of fact, I believe that the fields of the graduate and the pupil nurse are two. In practically every case where the expense of the graduate nurse can be met, she will be preferred. The name "pupil nurse" defines her status and prevents misapprehension as to the reason of the lesser charge for her services.

As to how the home nursing period accorded to the pupil shall fit into her general training is, of course, a problem, not, I believe, an insoluble one, but one that can be worked out in an individual way by the individual training school. For my own school it has seemed to me that so far as the community calls will enable us, we might well let the pupil nurse go out for a period of six weeks at the beginning of her senior year as is already done in the hospitals where provision is made for affiliative work in other hospitals. Her class work so arranged that she shall miss little of the special instruction she should receive from us.

In short, there is little question that here, as practically in all departments of life, when recognition of a need arises means to meet that need will be found.

APRIL

April all to welcome thee, Spring sets free
Ancient flames, and with low breath
Wakes the ashes gray and old that the cold
Chilled within our hearts to death.

—*From the old French of Remy Belleau, 1560.*

A Consideration of the Regulations Governing Nurses in Wisconsin*

M. IVERSEN, A.M., M.D.,

Stoughton, Wis.

THE Committee on Nursing has now been active for two years. The members of the committee have labored faithfully for the attainment of a higher standard for nurses which would prove beneficial to all concerned, by being in accord with the high ideals of nurses on the one hand and advantageous in every way to the patients, the hospitals, the medical profession at large and to the State. The results have not been entirely satisfactory. The zeal for the establishment of a higher standard has over-ruled, to a great extent, a proper consideration of existing conditions. The best interests of the patients, the hospitals and the State have received only secondary consideration. The committee failed to ascertain the amount of time at the disposal of the hospitals in which nurses may receive theoretical instruction. After deducting the time required for all practical instruction, necessary work, recreation, vacations, etc., the time at disposal for theoretical study may be estimated at about three hundred hours per year for a three-years' course, the time varying very little in the different hospitals.

A course of about two thousand pages may be thoroughly covered in this time, but it is impossible to assimilate the course of four thousand pages demanded by the Nursing Committee of the State of Wisconsin, without including the Nutting & Dock "History" in four volumes, containing 1,546 pages, which is of no special value to nurses, nor does the Wisconsin law require an examination in history of any kind. A copy or two placed in the library

of every hospital, among other works of reference, would be quite sufficient. Since it has been imposed, however, it obligates every nurse to an expenditure of nine dollars per set, and when we consider for a moment the number of nurses in the State we may readily calculate a sum total as enormous as it is unjustifiable. What conclusion is one likely to form from this? The increase in the size and number of the books for nurses, and the enlargement of the entire course is progressing at an alarming rate. It would have been better to have arranged a less elaborate course and to have insisted that it be enforced rather than to impose one which can not be learned in the time available without jeopardizing the health of the nurses.

The hospitals, which are already overburdened, will be compelled to employ a much larger force of pupil nurses than before so that some may be available for work while the others study. By thus increasing the cost it proves a serious handicap for the patients. Even now when hospital nurses learn of the extent of the course they are manifesting a tendency to decline positions, and many hospitals which had a waiting list formerly are compelled to advertise for student nurses and they find it to be a difficult matter to fill the vacancies.

One of the most important features of the laws governing the registration of nurses is the necessity of registration so that the State may control and educate them. The Committee on Nursing, however, has reared a pedestal for its own occupancy alone and declares that all those beneath this sacred circle do not require registration, notwith-

* Reprinted from The Wisconsin Medical Journal

standing the fact that nine-tenths of all the nursing is being done by untrained nurses, and we have as a result a beautiful example of frustration of the law by the wonderful manner in which it is applied.

The first step taken by the Committee was to exclude from registration a large proportion of graduate nurses through discrimination among hospitals. A great many hospitals were disqualified.

The inauguration of a written examination prevented the registration of a large proportion of practical nurses who were thus automatically removed from the files of the Board of Health of the State of Wisconsin, which, as the result of this action, is not aware of the present addresses of this large number of nurses, hence is unable to supply them with circulars or bulletins for instruction, nor can it demand statistical returns or reports. Moreover, the registration of new-born infants is not carried out, not mentioning the dereliction in the treatment of ophthalmia neonatorum. The State should demand registration of every nurse engaged in active practice as a R. G. N. (registered graduate nurse) or a R. P. N. (registered practical nurse). If this is not possible under the existing laws, the latter should be amended at once. Beginning with September 1st, 1914, every new nurse, practical or graduate should be examined before being permitted to register, so that the standard could be raised all along the line and the State be given general supervision. If the present Committee on Nursing is allowed to continue as it has been doing for the past two years it will take at least twenty-five years to effect this, or at least not until the old guard has died out. To designate every nurse who registers merely R. N. is a gross injustice to the public which wants to know, and is entitled to know, whether it is paying for a graduate or a non-graduate practical nurse. It is similar in a way to a violation of the pure food laws.

One factor stands out clearly: The hospitals must organize and elect a committee, selecting one member to represent the large hospitals, one the medium-sized hospitals and one the smaller hospitals; said committee to offer recommendations to the Committee on Nursing which will redound to the best interests of the patients, the hospitals, and the medical profession. The committee should also serve as an advisory adjunct for purposes of legislation, by proposing such laws or amendments as it may see fit to present. The following amendments require and should receive immediate consideration:

1. Registered nurses should be compelled to specify whether they are registered practical nurses (R. P. N.) or registered graduate nurses (R. G. N.).

2. Every hospital should be considered a reputable institution as regards nursing if it is conducted legitimately along ethical lines, has a normal mortality rate, and graduates only as many nurses as it actually needs to carry out its work, regardless of the size of the hospital.

3. The nurses from such hospitals should be admitted to registration as registered graduate nurses (R. G. N.), and after September 1st, 1914, should be admitted to examination without discrimination.

4. All nurses desiring to continue their vocation should register before September 1st, 1914, either as practical or graduate nurses; after September 1st, 1914, all nurses should be required to take the examination or be barred from active service.

5. The Committee on Nursing should have among its members at least one representative to look out for the interests of the small hospitals.

It may not be improper to suggest that the hospital physicians renew the discussion of this matter at the next State Medical meeting, and a few general remarks on the nursing problems and their solution would be timely.

The great demand at the present time is for nurses who can minister to the wants of those whom we choose to call the *middle class*. The rich and the poor have been provided for. It is, therefore, "not university training we seek, it is simply women with a good average degree of preliminary attainments" (Beard). A high school diploma and even less will suffice. "Any training school will succeed and find its place in the community as long as it is careful in selecting pupils with good disposition and kindly manners and trains them so that their good points are cultivated and improved" (Howard). It is not practical to make the preliminary education of trained nurses a part of the university studies or other theoretical schools as we must first ascertain the fitness of the candidate nurse. This can be done only during the period of probation, when the less desirable or unfit are weeded out, and those weeded out would have spent their time at the university in vain nor could they follow the instruction in the recitation room intelligently. After completing a course of training extending over three years those few who have then attained a very high standing (85%) might then be admitted to the university for special study in the departments of domestic science and medicine which would lead to the degree of Special Nurse (S. R. N.). All nurses thus qualified would be in line for special work such as teachers, superintendents, health and office nurses, etc., for which there is a great demand, but for which we have not yet made any educational provisions. The smaller and the special hospitals should undertake the period of probation and the first year's instruction, including thirty hours of domestic science which should admit them to examination for the degree of practical nurse (P. R. N.). This degree should permit them to enter for further study in the same hospital, if it is a general hospital, otherwise in a general hospital,

preferably a larger one, which should receive and credit the matriculant with equivalents in time and service. This would tend to procure the necessary pupil nurses to fill the vacancies at the larger hospitals, a difficulty which now causes hysterical attacks on the smaller hospitals as these are supposedly robbing the large institutions of both clinical material and pupil nurses. After acquiring a full three years' training in this way the nurses should be required to take the State examination for the degree of graduated nurse (G. N.), and register as graduated registered nurse (G. R. N.) if the examination is passed successfully. After this the above-mentioned university course for special nurses should be taken. Tuition should be charged for the university course, but at the hospital the work done for the patient should be tuition sufficient. The pupil nurse should buy her own books so that she may take them with her as a guide in practical life.

It is impractical to attempt to standardize hospitals and training schools according to their size as efficiency is not dependent on size, but on the individual service and the personal equation, nor does a large number of patients give the nurse a wider education, as the work must necessarily be divided out *pro rata* and thus in any hospital each nurse will get about the same amount of experience. Moreover, on account of the lesser number of nurses in the smaller hospitals these nurses may be given more personal attention and their personal deficiencies corrected, so that very often the most efficient nurse comes from a small hospital. It is a duty of the nursing committee to advise and assist the small hospitals and training schools as they are both needed in the community. Laws that would tend to close them would probably nullify all the nursing laws as many of those hospitals and schools are incorporated and any law that interferes with existing legal

conditions is unconstitutional. The time has come, however, when every community of three thousand inhabitants will ask for a hospital, and such a hospital will need pupil nurses.

The time when only a few big men did all the surgery has passed. In every corner of the State are men fully competent to do a large proportion of this work if they have access to a sterilizer, a clean operating room, a nurse and an assistant. We must also reckon with a habit that the public is rapidly acquiring, namely, to go to a hospital for confinement and accidents.

In conclusion it might be said that the

laws for nurses have been made by nurses for the benefit of the nurses and copied from State to State, not for the benefit of the public, the hospitals and physicians that are to apply them, nor for the benefit of the State which is asked to protect them. Instead of being leaders, as we should have been, we are being lead and we know not whither. It would be well to have the opinions of others, and if there is a demand for the above amendments they can be made now, and a complete university course for special nurses may be arranged for in due time, that is, three years from now.



A GROUP OF FRENCH RED CROSS NURSES

The Red Cross of France

IRENE D. SEDDON

IN FRANCE the Red Cross or *Croix-Rouge* is composed of women who have not only the inclination but the means and time to devote to it. All the nurses give their services, and the society raises money for its own expenses. It costs the government nothing. The strength of the society rests in the sentiments of patriotism, and sympathy for the wounded and suffering soldiers that can be aroused in the women of the country. Every young man in France is a soldier. All the sons and brothers being in the army naturally draws the sympathy of the women, and one cannot help but admire the ingeniousness of an organization that makes a systematic use of the natural emotions, emotions that will last as long as does the army. It would be difficult, perhaps, to find a more enduring foundation, and one that easily finds response in the French temperament. It may or it may not be a good plan to have such a large army to protect the country. But one thing is certain—it fills the many large military hospitals, in which most of the nursing is done by the soldiers themselves. However, in many, the *Croix-Rouge* nurses are admitted, and it is required of all who wish to have a diploma as a thoroughly trained nurse to spend at least two years' training in a military hospital.

The *Union des Femmes de France* is the real name of the society, and because of its popularity many join—all can, French or foreign—by paying a fee of five francs a year. There are now about 34,000 members. It is *chic* to be a *Croix-Rouge* nurse, but naturally only those are accepted as nurses who will apply themselves conscientiously to the work and submit to the discipline. Those of the members who wish can become an *infirmière* after two years' train-

ing and wear a small red cross on the sleeves of their uniforms. This does not entitle them to teach or hold the higher nursing positions in the society. The regular training is four years, two in a military hospital and two in one of the *Croix-Rouge* hospitals. During this time special lectures are attended and examinations passed. Nurses thus trained wear a large red cross on their sleeves and many devote all their time to the work. They are continually pressed forward to keep up with the latest methods of nursing, and with this end in view are assigned to go "on duty" one or two days a week in one of the dispensaries, or to spend part of the day, for two or three months, in one of the large hospitals (not military), acquainting themselves with the different maladies and their treatments. This, to me, seemed an unsatisfactory arrangement for both the patients and the ward nurses; however, I have been informed that the *Croix-Rouge* nurses have their regular duties, one of them being the analysis of urine; then, also, they follow the doctor as he makes his "rounds." This, by the way, in France, takes the place of American clinics. The professor and his following of doctors and nurses, go from bed to bed, the patients (models of patience) are thoroughly examined, and their symptoms lectured upon; they are tapped, felt and listened to until there is no doubt as to the name of their malady, and its more or less extraordinary symptoms are discussed with an interest, sometimes, a little too ardent for the welfare of the sufferer; then, perhaps, the blouse-clad ward nurse, because of a sympathy not exceeded by a thirst for knowledge, and, also, knowing that she must bear with the patient the rest of the day, draws up the bed covers and sends the savants on their way.

Members are gained by forming auxiliaries in different neighborhoods. These local societies have one or two meetings a week, at which a lecture is given by either a doctor or nurse. I attended some of these lectures in Vanves; they were interesting, and similar to those given in training schools—upon anatomy and physiology, dietetics, general nursing, etc. Charts were sometimes used and practical instruction given in bandaging. (In one of the lectures the importance of washing the hair was so forcibly impressed that my sister asked me if such instruction was given to nurses in America. I could not remember that it had been. But, then, American girls are always washing their hair, anyway.) The object in view of these local societies is to have a dispensary of its own, so the members can “practise” nursing. And the experience gained in them is as complete as the nature of the work can make it. A number of minor operations are performed, and the range of work includes massage, and treatments of all kinds.

A good round sum is reaped from membership fees; this is constantly added to by donations; also, money is earned by giving bazaars, concerts, and selling *Croix-Rouge* stamps and badges. Each dispensary is self-supporting.

Sometime ago the *Croix-Rouge* presented the army with an aeroplane; I do not know whether it was fitted up as an ambulance for flying to the wounded and dying on the field of battle, or if it was intended to increase the destructive power of the French army. Perhaps the government was left to decide. However, the horror of leaving the wounded uncared-for is dramatically pictured to the members and no doubt is left as to the object of the society.

In the largest cities of France the *Croix-Rouge* has built hospitals of its own. The one in Paris, although small, is new and complete, accommodating about thirty-five patients. The nursing is done by the mem-

bers. They do not live in the hospital, so the shifts of duty vary somewhat from those in regular institutions. Some nurses are “on duty” in the mornings, others in the afternoons, and still others at night. All the work in the hospital is surgical, it being deemed, probably, the most suitable. But is it not more than likely that these nurses, as many others, are under the spell of modern surgery? The patients are taken care of gratuitously.

In the dispensaries the nurses are constantly in contact with poverty, ignorance and filth. As a consequence, a sort of “social service” work is done. Visiting, maintaining homes in the country for convalescents, courses of free lectures on nursing the care of children, etc., are given at nights for poor women who wish to attend. At Christmas the members have large trees in the dispensaries and toys, clothes and candy are given away to thousands of children.

During the inundation of Paris several years ago, the *Croix-Rouge* helped in caring for the people who were driven from their homes by the flood. It had charge of some of the houses that were secured as a temporary shelter. One of the nurses told me how a vacant convent in a badly flooded manufacturing neighborhood was taken for this purpose. Five hundred men, women and children were sheltered there at one time. Five hundred factory workers to feed, clothe and keep clean. For six months this nurse, one of the smallest of women, directed the work. And her energetic manner and business-like observations left no doubt that she was able to cope with the situation. Cots and necessary furnishings were borrowed from the army. With the assistance of two nurses and about fifty soldiers a discipline was established regulating the large household as an institution. The meals were taken with order in the large dining room. The women cleaned their own rooms and did their washing. The older girls, in turns, washed dishes.

Soldiers pumped the constantly flooding cellars, waited at the tables and made "rounds" through the building every half hour night and day. And a doctor came for a clinic each morning.

The *Croix-Rouge* has recently sustained the loss of one of its most illustrious members, Madame Jacques Feuillet, *Infirmière-générale*. A woman whose ability as a directress and teacher raised her to a position of authority, and whose patience, self-abnegation and devotion to others gains a place among the noblest of nurses. Madame Feuillet was left a widow at twenty-three years of age, and ten years later, within a few months, successively, lost her two children. She then turned to nursing for solace.

Other hope had she none, nor wish in life, but to follow
Meekly, with reverent step, the sacred feet of
her Saviour.

Madame Feuillet entered into regular hospital duty; it was not long, however, before her ability was recognized, and she was sent to Morocco with several nurses, to work among the soldiers during a campaign. Again, she went with nurses after the disastrous earthquake at Messina. A third emergency that called forth her ability to act with promptness and discretion was the inundation of Paris in 1910, at which time she was in charge of the work done by the *Croix-Rouge*. But her heart was with the sufferers in Morocco, and unremitting were her efforts to give them care and attention. Once at a business meeting of the *Croix-Rouge* in Paris, the extension of the work in Africa was under discussion, and although of such vital interest to Madame Feuillet, who was present, she, always modest, took no part. The

meeting was closing, the decision was the postponement of activities due to the lack of funds. With imagination fired by the sufferings of the native women and children, wounded and dying soldiers, Madame Feuillet arose and pleaded their cause with a voice trembling, yet so full of sympathy and earnestness, that every heart was moved, and the money was raised for the work. This untiring energy and devotion was more than could be borne by one living in so hot a climate. Duty called her from Rabat to Meknés, a five days' trail across the open desert, and although suffering from an attack of migraine, Madame Feuillet started on the trip. The malady proved more serious, and during the trip through the heat and blinding sand her sufferings were intense. She arrived at Meknés dying, and "on duty" to the end, died, as she had wished, like a soldier.

Madame Pérouse is president of the society, and the work is under the direction of the *Comité d'Administration*. Madame Poincaré, wife of the president of France and one of the *Croix-Rouge* nurses, has been made *présidente d'honneur* of the society since the election of her husband.

If we feel inclined to question whether it is best for women, many of whom have their own homes and sometimes children, to embrace an occupation which requires so much physical and mental effort, we must remember that every man in France is a soldier. A nurse once spoke of it in her lecture; many eyes filled with tears. Perhaps some of the listeners remembered all too well the Franco-Prussian War. Then one must feel that, after all, the *Croix-Rouge* is very near and dear to the heart of a French woman.

Headaches and Their Prevention

KATE LINDSAY, M.D.

THE subject of headaches is a very extensive one. These disorders being usually symptoms of some underlying disease. There are two principal classes of headaches, viz., headaches due to organic disorders of the brain and its structures, and what are known as functional headaches. The causes of organic headaches are tumors, abscesses, blood clots, depression of the skull from injuries and exudates due to inflammation and other organic brain disorders. They are characterized usually by a dull heavy aching sensation, or what is known as diffused aching and are more or less continuous in character.

Where the morbid growth abscess or depressed bone is amenable to treatment, the headache usually subsides with the surgical operation or specific treatment as in the tertiary form of syphilis, otherwise the treatment can only be palliative. Much can be done by hygienic measures to lessen the patient's pain and discomfort. Thus we all know that any mental or nervous excitement will cause congestion of the brain and even at times produce a destructive brain storm with severe headache in a patient in normal health. Over heating and digestive disturbance as well as prolonged surface chilling and over physical exertion all will aggravate headaches due to any organic brain disorder.

By careful nursing, the patient may be protected from outside exciting causes, to such an extent as at times to almost forget their headaches and to think they are getting well. Even this much done for their welfare is a great comfort to both the patient and friends, also physician.

An observing nurse will soon learn what measures bring most relief in such cases. Often a hot foot bath when the feet and

legs are cold and the head hot and throbbing, will relieve the intensity of the patient's suffering. Sometimes hot and sometimes cold compresses to the head afford great relief. When the patient is nervous and restless a tepid full bath, or tepid wet sheet bath will often prove sedative, or letting the patient lie out of doors in the shade. A general massage with head and spine stroking is also very soothing. These cases are, many of them, practically incurable, but the patient may live for months or even years, and to them a nurse who by close observation knows what environment affords them respite from pain and when to change the surroundings so as to relieve the headache and nervousness, is always a valuable aid to the physician.

Then there are the toxic headaches due to such poisons as alcohol, tobacco, excessive use of tea, coffee and other poisonous drugs such as opium and other narcotics. The treatment of course in such cases must begin with stopping the use of the toxic agent. But as these cases are all more or less chronic and as the functions of all the organs are usually very much deranged, it takes a great deal of wisdom, skill, tact and discretion to bring a patient safely through the discomfort they must endure in overcoming a drug habit. They are often lacking in will power, and not disposed to make any effort to get well. The nurse must do her best to use proper treatment and suggestions, and thus help the patient to endure the discomfort and regain their will power to exercise the proper self control to gain freedom from the drug habits.

These are the cases which test a nurse's integrity and loyalty to her physician, also her watchfulness. Often the patient will seek to bribe the nurse to give her drugs

unknown to the physician, or devise ways and means to have friends smuggle them in when the nurse is off her guard. Firmness, kindness and resourcefulness will often help such cases much. A tepid pack when hot and nervous, a soothing massage or light gymnastics, passive movements and entertaining reading or conversation all help the patient to forget herself and her headaches.

Headaches due to disorders of other organs, are called symptomatic headaches. Of these one of the most common is a headache due to eyestrain caused by defective eyesight or over use of the eyes combined with nerve exhaustion. Often well fitted glasses will cure this headache. But in many cases the patient must be treated for stomach disorders, neurasthenia and other functional disorders. The pain in these cases is usually both occipital and frontal and is always made worse by the use of the eyes. The purely neurasthenic headache is as a rule a weak tired aching sensation felt all over the head. It is often much relieved by rest and quiet. May be entirely relieved with other fatigue symptoms by a course of rest cure, the headache disappearing with the legache, backache and other nerve exhaustion symptoms.

Hysterical headaches are often described by the patient in much exaggerated terms. The looks of the patient and placidity of her countenance not indicating serious suffering. Often she points to a circumscribed area with her finger as the site of the pain which she will describe as that of a nail driven into her brain. Pressure at this point as well as at points under the breasts and in the groins will show that the pain is due to superficial cutaneous hyperesthesia. Often the patient complains of intense agony from light contact, but experiences much relief from firm steady pressure over the sensitive areas. Out-of-door life and moral treatment is required **for the cure of such cases of headache and**

the patient's thoughts should be directed away from herself to outside matters so that she may be helped to forget all her aches and pains by ceasing to be self centered and over retrospective.

Diathetic headaches often afflict patients who are victims of gout or rheumatism. Especially is this likely to be the case where the patients are plethoric and obese from high living. Such headaches are most common after middle life, in what is known as free livers who still keep up the excessive eating and drinking of earlier adult life without the strenuous mental and physical exertion which at that period enabled them to oxidize and eliminate this excessive food intake. The patients now leading a sedentary easy life while eating and drinking the same as when working hard fill their body with stored up wastes and all the organs suffer as well as the head. Such patients' headaches can only be relieved by diet regulation and treatment for gout or rheumatism. Out-of-door life to increase tissue waste oxidation and elimination. As there are usually functional or organic disorders of the heart, kidneys, or liver, such patients always need the direction of a skilled specialist to regulate the treatment of their cases and relieve the headaches with the other symptoms of disease.

Beside the headaches already mentioned are those due to pelvic disorders in women. Often the pain is referred to the vertex and the patient is often temporarily relieved by pressure on the top of the head.

Intestinal intoxication due to food fermentation and abnormal secretions in the alimentary canal, cause a great many cases of headaches. The writer has often seen patients relieved of such headaches by a lavage or saline cathartic and enema.

Chronic gastric catarrh is often a cause of headache which is relieved by vomiting. Auto-infection from defective action of the eliminative organs as acute and chronic nephritis and jaundice and other disorders

of the liver and kidneys are all more or less complicated by headache. Often a brisk purge and increasing elimination by the skin will relieve the headache. Want of sleep, overwork, confinement in close unventilated rooms and over emotional excitement all cause headaches which can be cured by removal of the causes of the disorder.

The acute infectious disorders are usually ushered in by a headache more or less severe. Especially so in cases of inflammation of the brain and spinal cord and its membranes. The headache of cerebro-spinal or tubercular meningitis are often very severe and are thus one of the most prominent symptoms of these disorders.

Headaches may be caused by hyperemia or the opposite condition anemia of the brain.

One form of headache known as migraine, periodic headache and hemicrania deserves special notice from its persistency and the severity of the attacks. Just what the specific cause of this headache is has not yet been fully determined by the pathologist. The disease often begins in childhood or youth, especially at puberty and seldom attacks patients for the first time after thirty. Migraine also often abates after middle life. The periodic attacks of headache are often preceded by a heavy feeling in the head, depression, dizziness, sleepy feeling and a sense of weakness and impairment of sight and hearing. Then the pain begins most frequently in one temple. Dull at first, but increasing rapidly in intensity, often there is nausea and vomiting and intolerance of light and in severe cases even delirium. The treatment of migraine is principally hygienic. All excesses of eating, drinking, also the use of tea, coffee, tobacco and any excess of either nitrogenous or sweet and starchy foods should be avoided.

Out-of-door life, even sleeping out-of-doors, and rest and plenty of sleep, are beneficial. The writer has known patients suffering from migraine improve so much under a carefully regulated regimen of cold bathing, massage, diet and rest cure and out-of-door sleeping, as to lessen the frequency and severity of the migraine attacks so much that they were able to attend successfully to daily business, without serious interruptions from the short attacks of headaches which are now and then likely to appear even under the most favorable environments.

Patients subject to migraine attacks soon get to understand the prodromal symptoms and the nurse can do much to ward off an attack at this time if not completely avoid it. She can so lessen the intensity of the headache as to conserve the patients health to such an extent as to save them from chronic invalidism. A day of spare dieting, rest in a quiet room, a lavage and enema and a sound night's sleep in the open air, often saves the patient many hours or even days of suffering and loss of time.

There are many drugs used to give immediate relief from the pain of headache as bromides, phenacetin and other coal tar preparations, caffien and other narcotic and sedative drugs are sold over the counters at all drug stores in the country in the form of patent medicines and proprietary remedies. Freely advertised, the victim of periodical and other forms of headaches finds it easier to do his own prescribing and get a box of headache tablets than to consult the physician. So often a dangerous drug habit is formed. The nurse can do much in educating patients in regard to the dangers of all these drugs unless prescribed by a competent physician, and also by being careful never to prescribe such remedies herself.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

IV. PRACTICAL PROBLEMS.

(Continued)

9. CLOTHING.

NOT even in affections of the respiratory system is proper clothing of greater importance than in heart disease; Patients whose heart, and blood vessels are affected have less than normal resistance to changes of temperature, and need especially to guard against the congestion of the internal organs resulting from external chilling; moreover, they are apt to be hypersensitive to cold, and may even show an actual dread of coming into contact with the air. Such patients are apt to put on too many or too heavy garments, and this renders their condition still worse, as healthful evaporation from the skin is hindered and resistance to cold still further diminished, while their reduced strength may cause the weight of the clothing to become actually burdensome.

Patients with serious disease of the heart who are able to change their residence at will, should not winter in a cold climate. If obliged to do so, such a patient should live in rooms which, while thoroughly ventilated, are comfortably warm. He will not then find it necessary to wear burdensomely heavy clothing in the house, nor be troubled by the difficulty of putting on sufficient additional clothing to make him comfortable on going out of doors. Women of the present day often go to the opposite extreme, dressing so thinly indoors that when a window or door is opened in their neighborhood the sudden contact with cold air is liable to produce a general or local chilling of the surface of the body, causing internal congestion, and often resulting in serious disorders. The practice of wearing on the

street in winter the low-necked waists, transparent hose, and thin low slippers, so commonly seen at present, is a serious menace to health even in women who are well and strong, but in those whose physical resistance is below the normal it is nothing less than suicidal. Tight lacing, which fortunately is little indulged in, comparatively speaking, by the present more athletic generation of women, must be guarded against in stout women with heart disease, as it may cause a dangerous rise of blood pressure. Tight collars, tight belts, circular garters, shoes and gloves that are too small, and hats that are too heavy or which press unpleasantly upon the head, all interfere more or less with the freedom of the circulation, thereby causing extra work for the already over-burdened heart. Anything about the clothing which produces physical discomfort of any kind, as the irritating pressure of a collar button, the unnatural position necessitated by the wearing of too high-heeled shoes, or the continual pull of too short hose supporters, by its untoward effect upon the nervous system and its unnecessary expenditure of vital energy, helps to exhaust the reserve power of the heart. It is, of course, often difficult to induce either men or women to abandon habits of dressing which are hurtful, but to which they have been long accustomed; but the tactful nurse can often do her patients a great service by setting before them the reasons against such practices and the advantages to be gained by a healthful manner of dressing.

A specialist in cardio-vascular diseases,

Dr. James Henry Honan, recently gave the following advice to heart patients suffering from abnormal sensitiveness to cold: "The person who is sensitive to cold should change his underclothing often. The feeling of chill which the person of disturbed circulation suffers is not infrequently aggravated by the bodily moisture retained by the underclothes. If the individual experiences a greater feeling of cold in the middle of the day than the temperature of the air warrants, he should remove his underwear, though it may have been fresh that morning, rub off the body with a dry towel, and put on dry, fresh clothes. Those which he has worn but a few hours may be safely donned again the next day, after they have been hung in the light and air. The covering of the feet, both stockings and boots, should be changed after active exercise, because of perspiration or moisture from the ground. The discomfort which in many cases is attributed to a subjective sensation of cold not infrequently disappears by the employment of this simple method."

Too much emphasis cannot be laid upon the necessity for attention to the extremities which should never be allowed to become cold or wet. Nerve connections exist between the feet and other parts of the body, unknown to the majority of people, which account for the fact that a sudden chilling of the lower extremities is frequently followed by a severe cold, an inflammation of the pelvic organs, or some other more or less serious affection, all of which must be regarded as of greater import in one with a diseased heart, whose circulatory mechanism is less able to adapt itself to unusual demands on it, than in a person of average health.

10. HYGIENE

As has already been said, patients with a serious form of heart disease are usually advised to go to a mild, equable climate for the winter months; and they are also

warned against encountering extremes of summer heat. For the patient who is financially able to live where he pleases, the problem of living a healthful and hygienic life is much simplified; but for the majority of people the most that can be done is to make the best of the conditions that surround them at home. Extremes of heat and cold are to be avoided as far as possible, and convalescent patients should be instructed, before being left to their own devices, of the danger of exposing themselves to high winds, heavy storms, or a very low temperature, and also of exposure to the sun on a torrid summer day, or of bodily exertion during hot and humid weather. Business men and women with serious cardiac affections will find it economy in the long run to ride rather than walk to and from their places of business during extreme weather, and to have their luncheon sent in, or carry it from home, rather than face scorching noonday heat or winter storms.

It is very important that the heart patient should live in the open air as much as possible when the weather is favorable, for there are few forms of disease in which an abundant supply of oxygen to the lungs has more influence upon the bodily welfare; during the proper seasons of the year even the patient who cannot rise from his couch may be wheeled upon a sleeping porch or sheltered veranda, to remain there during the greater part of the twenty-four hours. When he is obliged to remain indoors, proper ventilation of his room must be secured in one way or another. This is not always easy, for elderly persons, among whom the great majority of heart patients are found, are usually afraid of fresh air, object to the opening of a window, and imagine they feel a dangerous draft unless they are kept in a hermetically sealed room. There is no question but that they are more sensible to cold and to currents of air than those who are younger and blest with a

better circulation, and it is usually possible to secure them sufficient fresh air without causing them any real discomfort. In cases where a patient can move from room to room, each apartment may be thoroughly aired during his absence, being warmed properly before he returns to it. Numerous forms of window-board ventilators may be obtained which provide for the constant entrance of a small stream of fresh air, too slight to be noticed by the most susceptible, while an open fire in the room, even if only of gas logs, acts as an aid to ventilation by carrying off the impure air through the chimney. If the room must be thoroughly aired while the patient is in it, he may be protected by wraps and hot water bottles, and even, if necessary, by a tent formed by an open umbrella covered with a blanket, while the windows are opened.

With regard to personal hygiene, there are of course cases in which, owing to danger of immediate heart failure, the patient should be disturbed as little as possible for any purpose whatever; but under ordinary circumstances the most scrupulous care of every part of the body is necessary for the invalid's welfare. The specially prepared baths given in the treatment of heart disease will be described in a later chapter. Cold or very hot baths should be avoided, but warm or tepid baths are agreeable to the patient, and aid in keeping the skin active, an item of great importance in cardiac disorders, where every means must be employed to secure proper elimination of waste matters from the system. The usual precautions against bedsores must be taken in bed patients, and also in those who, though not in bed, change their position but little. Regular evacuations of the bladder and bowels must be secured, and in many cases orders are given to keep the bowel contents in a soluble condition, to avoid any strain on the heart during a passage. The various saline cathartics,

such as Epsom salts, sal-eliminant, etc., or such vegetable laxatives as cascara sagrada, are frequently ordered for this purpose.

II. OCCUPATIONS AND AMUSEMENTS

In serious failure of the heart, absolute rest is of course a necessity, and any sort of business life impossible to be continued, for a time if not altogether. Patients who have been accustomed to an active life, and have developed a condition which puts its continuance out of the question, are among the most difficult of all invalids for whom to provide occupation during a protracted illness, and especially during a long convalescence, when ambition is apt to outrun the slowly returning strength. Children with cardiac disease which necessitates a restriction of their usual bodily activity are also difficult to keep contented within narrow bounds. Yet the mental and physical welfare of these patients is greatly influenced by their being provided with safe and congenial ways of occupying their time.

The problem of invalid occupation has received a greatly increased degree of attention during the last few years, and in certain well-equipped hospitals nurses have an opportunity to take a course of lessons dealing with the subject. Both native ingenuity and a large endowment of the faculty which enables one to put herself mentally in the place of another are needed in planning employment and entertainment for chronic invalids, for a form of work or play which will be a delight to one patient will bore another and drive a third to distraction. Women are by far the easiest patients for whom to find employment, as nearly all are interested in some form of sewing or fancy work. Elderly women with failing sight usually enjoy crochet or knitting work, of which the women's magazines and fancy-work manuals suggest an endless variety. Knitted face cloths, bath towels, or dish cloths furnish a variation from the usual shawls, sweaters, and couch

rugs. Making patchwork or rugs, and dressing dolls are other occupations suggested for these older women, while the making of ribbon or silk flowers will appeal to many feminine hearts of all ages, and beadwork of all degrees of elaborateness will serve to fill many otherwise wearisome hours. Basketry, hammock making, stenciling, punched brass work, book-binding and window gardening are occupations that are suited to both sexes, and, in modified forms, to almost all ages, while instructions and materials may be obtained with little trouble. Wood carving or burning, carpentry, and the making of picture puzzles with a jig saw will often appeal to men, and in a simplified form such work will also prove useful in employing restless girls and boys.

Cards and other games have a prominent place among amusements for invalid days, but when bridge or any other game is found to produce unwholesome excitement or interfere with the night's sleep, it should be rigidly excluded. The reading of exciting fiction has occasionally to be forbidden, but in literature as in diet "what is one man's meat is another man's poison," and a book which will keep one patient awake for hours will prove for another the best preparation for a comfortable night, by taking his mind from his own affairs. The nurse who can read aloud well is a boon to the invalid of any age, for to the majority of people the most satisfying and uncloying form of entertainment comes from the world of books.

For the patient who is able to get out doors, but whose activity is restricted, some form of nature study may be taken up with a great deal of pleasure and profit. Plant, bird, or insect life may be studied even in a small city yard, and every public library

can furnish unlimited equipment in the way of books and pictures. For the patient confined to the house, "stay-at-home travels," carried on by means of maps, guide books, pictures and books of travel, often form a delightful means of passing the time, and this procedure can be so simplified as to make it fascinating to children.

Music has been recommended as an excellent recreation for heart patients, especially the making of it by the patient himself. Vocal music is not included in this recommendation, as the effort of singing involves too much physical exertion, nor should instrumental practice be continued long at a time, or carried on with so much vigor as to produce physical fatigue.

In amusing children, many ideas may be adapted from the kindergarten occupations and amusements. For little girls, the dressing of dolls, the making of paper dolls, and the fitting up of doll houses are usually employments that can be continued indefinitely, while cutting out and playing with paper soldiers, artillery, and Indians will generally give as much satisfaction to their small brothers. "Cutting-out" amusements may be varied infinitely, with the supplies to be found in the shops, fashion books, and old magazines and illustrated papers. A box of paints or colored crayons forms a valuable adjunct. Scrap-books of many kinds may be made, for the patient's own pleasure or to be sent to children's homes or hospitals, and if a story be written in, to be illustrated by the pictures, pleasure and occupation may be thus provided for a long time. In long continued cases, and especially where expense must be carefully considered, materials that cost little or nothing should be utilized as far as possible in the entertainment of children.

The Nursing of Children

ZULA PASLEY, R. N.

CHAPTER VIII

DISEASED CONDITIONS

FOR eye irrigations, the nurse should ascertain from the doctor exactly how he wishes them done. Some doctors advocate merely a gentle washing out with solution trickled into the eye from a bit of cotton; others say that there must be considerable force to the stream if the work is to be thoroughly done. In the latter case, use a fountain bag or an irrigation can and a medicine dropper point, either straight, curved or collared, as the doctor prefers. Have the solution of the required temperature, spread a rubber sheet in your lap, with the end dropping into a jar, steadying the baby's head between your knees. Turn the child's head so that the infected eye is down, and hold the head with the palms of the two hands. The fingers of the left hand may separate the eyelids, while the right hand directs the irrigating point. The bag may be hung four feet above the baby's head, or lower, as the physician desires.

The nurse must make sure in irrigating that the solution actually reaches the surfaces infected and washes out the pus which has collected. If a small quantity of pus be allowed to remain in contact with the cornea it will produce an ulcer which may cause permanent damage. It takes some practice to do a thorough and skillful irrigation. The eye must be opened very gently, and this cannot be done if the baby is crying. Sometimes a drink of warm water will divert the child's attention and enable one to do this successfully. Always be careful in opening the eye not to press the fingers into it. Simply pull the skin of the eyelids back.

If drops are ordered put into the eye, the nurse must be positive that they are prop-

erly applied. The baby's arms may be fastened with a towel so as not to interfere. Sometimes one may succeed by dropping the solution in the corner of the closed eye, holding the child so that the solution will run in when the eye is opened. Care should be taken that the point of the dropper does not strike the cornea of the opened eye.

Most ophthalmia cases are gonorrheal in origin, and must be isolated. Frequently it is necessary to provide two nurses, as in an acute case irrigations may need to be done every half hour and ice compresses kept on a good share of the time. Some doctors are now omitting the cold applications, claiming that they interfere with the nutrition of the cornea. Silver nitrate, which was formerly much used for its direct action upon the germ, is now being replaced by argyrol or protargol.

No unnecessary furniture or other articles should remain in the infected room. The baby should lie in a high crib or on a well-padded table. There should be a comfortable chair for the nurse, a convenient place for basins and other utensils, and conveniences for hand-scrubbing. It is best for the nurse to wear a gown and cap, which she removes when she leaves the room. While irrigating, she should wear automobile goggles or large glasses of some sort to protect her own eyes from the possibility of spattering. An infection gotten in this way is a very serious matter. After each handling of the baby's eyes the nurse must thoroughly scrub and disinfect her hands; also, before leaving the room for any purpose. She should never put her hands to her own eyes or even to her face.

A baby with ophthalmia is not usually allowed to nurse, but the milk is pumped from the mother's breasts and fed by means of a bottle. The child's general care must be given proper thought; its digestion must be watched, since proper nutrition is important. Routine bathing must be attended to. The feeding may be done just before or after an irrigation, so that the child may be allowed to have a reasonable amount of rest between treatments. Usually the nurse who cares for the baby is not permitted to care for the mother.

Syphilis—Congenital syphilis is not an uncommon condition. Correct care may save some of the children thus afflicted, but most of them die early in life. The disease may also be acquired by the indiscriminate handling and kissing of children. Careful feeding and general hygienic treatment are the chief factors in success with these cases. Mercurials are also given, internally (by mouth), by hypodermic, by medicated baths and by inunction. If mercurial ointment is ordered, observe the usual precautions in its use—protect the fingers with a rubber glove or finger cots, choose a new place on the body each day—abdomen, sides of chest, inside of the thighs, etc. Be careful that no one shall come in contact with any discharge or open wound.

Rachitis, or rickets, is due to lack of fresh air, improper food, unhealthy surroundings, bad condition of the mother during pregnancy, or an inherited weakness in assimilation. It is characterized by deformities of the bones, enlargement of the joints, head sweating, tossing of the head, constipation or diarrhea, flabby muscles, curved spine, tendency to pneumonia, etc., even though the general nutrition may seem good.

Diet is of vital importance in effecting a cure. Milk should be sterilized or pasteurized. The carbo-hydrate food should be limited, and the fats increased in quantity; cream may be given, or even fried bacon; cod liver oil may be prescribed. Sweet fruit

juices may be given. The child should be restrained from walking, and massage substituted. The nurse should guard against spinal curvature, instructing the mother in correct postures for the child, when asleep, as well as when awake. The physician may apply temporary braces to the curved bones. Children with rickets should be kept out of doors as much as possible, providing only that they are properly protected against the weather.

Hernia—This is a rather common occurrence in young children. It is not caused, as the laity usually think, by excessive crying, but may be due to hard coughing, distension from indigestion, or straining from constipation.

The most common form is umbilical hernia. These cases usually yield to treatment, but take several months for a cure. A good truss may be made by a circular pad held in place by straps of adhesive plaster with a firm binder over the whole. An elastic band is quite useless. The child should sleep with his hips elevated, and special care should be taken that he does not become constipated.

Inguinal hernia is managed in much the same way, but is more difficult, as the truss required to keep it in place is apt to slip on a small child. Cotton advises the use of a skein of wool passed around the child's waist, fastened at the umbilicus in front, passed between the legs and fastened again to itself in the back. Circumcision should be done for these cases if there is any need whatever of it.

Scorbutus, or scurvy, has been considered due to defects in diet, but is now thought to be of infectious origin. It occurs in epidemics, and in some of these it is found that strict cleanliness of the mouth, secured by means of antiseptic washes, cures the disease without a change of diet.

Spongy gums are a feature of the disease and hemorrhages in various tissues and organs. In children a fresh milk diet, or if

the child be old enough, baked potato and fresh vegetables, may be given, with sweet fruit juices; this line of diet combined with thorough care of the mouth, usually cures the trouble.

Bronchitis and *Pneumonia* are rather common diseases of childhood. They are often seen in connection with other troubles, chiefly those of infectious origin. There is cough, rapid respiration (sometimes 50 or 60 per minute), high pulse and temperature up to 103° F., rarely higher. When the skin is blue and the respirations extremely rapid, the case is a critical one. Small children swallow their sputum, and frequently cause digestive disturbance by so doing.

The child should be kept quiet and all exertion prevented. Laxatives or purgatives may be needed. Counter-irritants may be used on the chest. Hot baths may be ordered to help the elimination. If the temperature is high, tepid or cool sponge baths may be used, but care should be taken to keep the extremities warm. Only liquid food should be given, preferably something warm. The room should always be well ventilated. The best results seem to be had of late by treatment with cold, fresh air. The patient may be put out of doors, or in a room with wide-open windows. The treatment seems heroic, but the death rate and the percentage of good recoveries is much greater than with the old methods of keeping the patient warm.

If there is sweating, chilling and remitting temperature, empyema may be suspected. If it occurs, the chest abscess may have to be opened, in which case the nurse must know how to prepare for a minor operation.

Croup, or acute *Laryngitis*, is characterized by harsh cough and obstructed respiration. It may appear suddenly in the night. A warm room (about 70° F.) and very moist air usually relieves the spasm of respiration. The crib may be moved to the kitchen and a kettle be kept boiling, with tincture of benzoin or spirits of camphor added to the

water. Or, a croup tent may be made by tying a heavy cord from the center of the head of the bed or crib to the foot, and hanging a blanket or quilt over it; the steam from a teakettle may be conducted into this tent by means of a rubber, metal, or even a heavy paper tube. In many cases the immediate trouble may be relieved by causing the child to vomit. This may be induced by giving a small dose of syrup of ipecac every fifteen to thirty minutes. Some sort of a laxative should be given.

Membranous Croup is diphtheria of the larynx, and is a very serious condition. It never appears suddenly, however. The doctor should be summoned promptly, and vigorous measures may be found necessary. The croup tent may be used, an emetic given, ice applied to the throat or given by mouth. Occasionally intubation must be done, which means a slight surgical operation and watching afterward to avoid displacement of the tube; if this accident occurs the doctor should be sent for at once.

If this condition is suspected, the child should be isolated, any secretion from the throat saved for the physician's inspection. Antitoxin is usually given in even suspicious cases, and saves complications as well as lives. There are no real objections to the giving of antitoxin, and the nurse should always concur heartily when the physician advises it.

Meningitis may be spinal or cerebrospinal. That is, the covering of the spinal cord or of the brain and spinal cord may be the seat of an infection. The way in which the disease is carried is not known, but it sometimes occurs in epidemics. The patient should be isolated and all precautions taken against the spread of the disease. The symptoms are acute. There is intense headache, contracted pupils, sensitiveness to light and sound, retracted head and backward curving of the spine, temperature high or irregular, vomiting, etc. There may be twitching of the limbs, or purpuric spots, or

very slow pulse. The cry is high and shrill. The disease may continue for several weeks, or may even recur after a partial recovery. Children who recover from it are frequently defective in some way.

Hot baths may be used, or the ice bag, according to the symptoms presented. Packs or sedatives may be ordered for the extreme restlessness. The room should be kept quiet and rather dark. The nurse should watch for a tendency to bedsores. If the child cannot swallow, rectal feeding or gavage may be employed. Lumbar puncture may be done. The modern treatment is the giving of serum (Flexnor and Jobling) and is considered to have passed beyond the experimental stage and to be advisable in all cases.

Typhoid Fever is treated in children much as it is in adults. The tendency is to restrict the diet less than formerly, allowing a considerable variety of semi-solid food. To reduce the temperature, fan baths or packs are usually better borne than sponges. If the child chills or becomes blue under any cooling process, it should, of course, be discontinued. At the Massachusetts Children's Hospital, no attempt whatever is made to reduce temperature, and the diet is restricted very little, yet the results are most excellent. Many

doctors even permit the child to get up to the commode rather than to insist upon the use of the bedpan.

Infantile Paralysis has been one of the most dreaded, because mysterious, diseases. It is infectious, but the mode of carrying is not certainly known; it is thought to be carried by some species of fly, and it is frequently epidemic in hot weather and checked by cold. It occurs more often in children under the age of five, but may attack older children, or even adults. It may be ushered in by headache, fever, vomiting, exhaustion, etc., or the paralysis of one or more limbs may be the first symptom to be noticed. Complete or partial disability or one or more extremities may occur. The paralyzed limb usually atrophies, or at least stops its growth while the rest of the body continues. Death seldom occurs, but the trouble may be permanent.

The child should be isolated. Heat may be applied and simple measures used during the acute stage. Massage and electricity are employed later, and in some cases surgery produces remarkable results.

The cases are not hopeful unless treatment by a specialist is begun early. In expert hands, most of the cases have a chance of almost complete recovery.

EASTER EVEN

The tempest over and gone, the calm begun,
Lo, "it is finished" and the Strong Man sleeps:
All stars keep vigil watching for the sun,
The moon her vigil keeps.

A garden full of silence and of dew
Beside a virgin cave and entrance stone;
Surely a garden full of Angels too,
Wondering, on watch, alone. * * *

—CHRISTINA ROSSETTI

A Missionary Nurse in Persia

HELEN EASTON

AS WE neared the Caspian Sea we saw quantities of oil cars, for Baku, is the chief source of petroleum in Russia. It was such a pleasure to meet a Turkish family on the train, for almost every one around us was speaking Russian, and it seemed very good—indeed to find some one who could speak Tartar Turkish, the language of my childhood, learned in Northern Persia.

Parts of the Caucasus looked like Persia. One can see the high mud walls, irrigated fields, poplars, camels in caravans, pomegranates and many other things, more Oriental than Russian. At one station I could hear the familiar Armenian wedding music, and saw one man pouring water over another's hands, the Persian method of washing hands. We also saw large fields of cotton, but the plants were very small. Many of the women in this part were dressed in Persian style, wearing chudras made of plaid cotton material and having a cloth over their mouths, and some of them were carrying babies strapped on their backs. Every now and then we came across a whole family seated in an ox-cart, the bright colors of the women's clothes making a pleasant contrast to the dull colored surroundings. There was a plentiful supply of black dogs in this region, as they are scavengers and eat up every available food.

The ever-patient and much-abused donkey was to be seen carrying loads of gavan, a weed used in place of kindling, twigs from trees, used in baking bread and many other loads. The donkeys are goaded on with a stick which is dug into their sides, till the hair is all off, and often there are ugly sores as well. There is a great deal of necessity for a humane society here.

Further on in the Caucasus there were fine vineyards and at the stations one could buy splendid baskets of grapes. At one

station a number of Mohammedans got in, one of whom was in the hilarious stage of intoxication, and insisted on occupying the same compartment with us. Like others in the same condition he was irritable, and several times tried to pick a quarrel, but whenever he did so his companions, one after another, told some funny story and got him into a good humor. Any trained nurse might envy the tact with which these seemingly rough men handled their patient and the real consideration which they showed him. One young Moslem, just opposite me, leaned over and said, "You know this man is a very good man when he has not been drinking." The tenderness with which he held the drunkard, when he reached the sleepy stage, and the way he helped him off the train at Julfa, were lessons to me and one which might well be copied by people in Christian countries.

While traveling one has to be constantly adjusting one's self to a great variety of things. In Russia there is a different calendar, thirteen days behind ours. Then there is the Russian money, which I always had to change to dollars and cents before realizing the cost of anything. At the railroad stations the clocks are arranged with two sets of hands, one St. Petersburg time and one local. When shopping you have to stop and figure whether your material is cheaper or dearer than in America, considering that the meter is used instead of the yard. In weighing your baggage pood (36 pounds) is used.

After going around three sides of the Caucasus Mountains, in order to avoid crossing them, we finally arrived in Tiflis, just five days after leaving Berlin. We took a drosky—a small Russian carriage—and were soon in a friend's home. Although there are carts in Tiflis, most of our baggage



1—Muharrem Procession
 2—Persian Village Women
 3—Armenian Women and Children
 4—Lepers

was carried by hamals, men who earn their living carrying loads, some of them taking as much as six hundred pounds at one time.

The city of Tiflis is very picturesque. Here one can see all classes and conditions of men and a peculiar blending of the Occident and Orient. By the side of a 1912 limousine you see an ox-cart, or even one drawn by water buffaloes. The hamals, literally clothed in rags, are in strange contrast to the immaculate uniforms of the officers and ladies in the latest Paris styles, while women in American costume and almost every style of dress imaginable are to be seen on the streets. Tiflis has several moving picture shows, but I did not visit any of them, for a walk on any of the streets is a fine moving picture show in itself.

In the Shatan (devil's) Bazaar one can see Moslems in their little shops, selling tea and mending shoes, or doing any one of many other things. Here you can buy lawash (Persian bread) baked in their sheets, which are displayed for sale slapped onto spikes on a slanted plastered platform, which, with a pair of scales, constitutes the exterior portion of a Persian bakery. Near the Shatan Bazaar are numerous Turkish baths, the hot water for which comes from hot springs ready for use.

One delightful feature of Tiflis is its many balconies, almost every house having one or more, but, unfortunately, very few of them are used as sleeping porches, on account of the Russian dislike of fresh air. I felt as though my stay in Tiflis was not entirely in vain, for I persuaded one young lady to sleep with an open window. This sounds like a very easy thing to do, but it was a very difficult job, indeed, and I only succeeded after a long talk and the use of the most persuasive arguments at my command. Many Tiflisites told me that they slept with their windows shut for fear of burglars, but admitted that in very hot weather they did open their windows. There is only one conclusion to which I can come, and that is

that when it is hot enough to make a Russian open his windows, it is also hot enough to exhaust the strength of the burglars to such an extent that they are incapable of breaking into houses. One lady in Tiflis told me that she had a breast abscess because her husband held the kitchen door open a few minutes. An English lady to whom I was telling this new cause of abscesses remarked that maybe if her husband had held the door open a little longer she would not have had the abscesses at all. The latter supposition seems quite plausible, for if the lady's leucocytes had been strengthened by some oxygen they might have put up a much better fight against their enemies (the bacteria). You can see there is much need of fresh air at this age in Russia, also a law against long dress skirts and promiscuous expectoration. Every time I went on the streets of Tiflis I could hardly keep from speaking to women who were sweeping the sidewalks with their skirts and carrying millions of germs home to their families and helping to keep up the high death rate from tuberculosis. Anthony Comstock could do a fine work in Russia, for the post cards displayed are certainly anything but elevating to the youth of the land.

Often, when passing through the streets, you come upon a band of soldiers singing some Russian song while they march. Tiflis has, at times, as many as fifty thousand soldiers, as it is a center for a large military district. The streets are lighted by lamps, placed in glass cases on the outside of all the large buildings. The number of the house and name of street are printed on a glass case, which makes it very convenient to find places at night. Cobble stones predominate for pavement, but there are a few asphalted streets. I think whoever laid the cobble stones must have been in league with the shoe cobbler, for he could not have laid the stones much more irregularly if he had tried to.

The Michilofsky is one of the principal

streets, and on it there is a large hospital, which I visited several times. The floors were highly polished, and in many respects they greatly resembled our hospitals, but—Oh, the air! I took a long breath when I got on the street once more, and wondered how any patient ever recovered in such air. They had double windows and paper plastered over all the cracks at the edges, to prevent such a catastrophe as a particle of air getting in. One small pane in one window was all that I saw open in any of the wards, all the other wards being sealed up tight, although it was such a warm day that one could almost go without an overcoat, and I was told that it seldom became cold enough in Tiflis to have a real good sleigh ride.

On the train between Tiflis and Julfa there was a Mohammedan in the same compartment with us. I got to talking with him about his family, when, much to my surprise, I learned that he was giving his year and a half-old child *hashish samarabis indica*. I tried to impress on him the importance of stopping the habit before his child became an idiot, or at least feeble-minded.

It was with great pleasure that I saw, once more, Mount Ararat, the cornerstone of three nations—Russia, Turkey and Persia—for I knew that we were nearing Julfa and then only eighty miles lay between us and Tabriz. We arrived in Julfa in the evening, and spent the night at a hotel (?) or at least it had the name of being a hotel. The only thing there was an abundance of was bedbugs and bad air. The next morning we went to see about our passports and by the time they had been duly inspected we barely had time enough to have our baggage examined and catch the 11 A.M. auto to Tabriz. There were seven children and twelve adults in the auto, and two chauffeurs outside. After crossing the Aras on a bridge, we used to cross on an old boat, which resembled a triangular platform more

than anything else, we were soon at the Persian Julfa, and after a merely formal custom examination were on our way to where our baggage was weighed, to see how much could be taken with us on top of the auto.

We left the Persian Julfa about 12 M., and after stopping at several stations for refreshments and running into a caravan of camels, who balked because they saw that their place was rapidly being supplanted by the auto truck, which was then on its way with the heavier pieces, we reached the Russian station in Tabriz about 7 P.M. The trip on horseback used to take us from three to four days, and we had come through in about eight hours. Opposite the automobile station there is an electric light, a great innovation for Tabriz. They even have a number of electric doorbells here now, and in many ways the city is being Europeanized.

It was with great pleasure that we met the missionaries here, most of whom we had known for many years.

The next day after arriving there was to be a trip to the leper village, about ten miles out of the city, so we joined the party, all of us going on horseback. We had to cross a mountain pass, where it was with difficulty that the horses could find places to put their feet down, the road was so rough and steep in parts. One of the missionaries and I had horses which were well described by the natives as *shu luk* (confusion), so needless to say we changed before going half way, and thereby arrived home without any broken bones. After eating our lunch on a rock, we walked down the mountain to the village, where all the seventy lepers were awaiting us. Many of their mud huts had fallen down, and with the small number of houses left I did not see how they could hardly have floor space enough to lie down at night. One of our party remarked: "We would not consider such a place fit for animals in America"—and, indeed, the majority of American live stock is much better housed

than were these forlorn lepers. The saddest thing to me was to see clean children being cuddled by infected mothers in the advanced stages of this loathsome disease. Although we took out fifty-five quilts, quantities of candy, rice, peas, tea, sugar, etc., the lepers seemed more eager for our medicine than anything else. After distributing these things and saying a few words to the lepers we departed, having a delightful ride home, but still with the image of the poor lepers stamped upon our memories.

December 20 was the tenth day of Muharrem, and I went to see the procession through the streets. For days and even weeks before the Moslem boys had been getting ready, much as our boys prepare for the Fourth of July. The first of the procession, which we saw, consisted mostly of boys with sticks, which they were imagining were swords, and were swinging them while shouting out the different sayings used at this time to bring to mind the tragic deaths of Hassan and Housein, the grandsons of Mohammed. Upon a horse, covered with a white cloth which had been stained in places with purplish red dye, intended to imitate blood, sat two white pigeons, also stained with dye. The pigeons symbolized the pigeons who carried the message of House in battle. In other bands were children on horseback, having their heads cut and the

the blood flowing down over the white gowns in which they were dressed. Then came the chainmen, dressed in black, having their backs bare, in order to beat them with the bunches of chains they held in their hands. One man had beaten himself so effectually he had raw places on each shoulder blade. After these came a group of men, weeping and throwing chopped straw on their heads in sign of mourning. Their leader was saying to them, "Could even a stone keep from crying on a day like this, when two men had their heads cut off?" They were followed by men who had long white gowns over their other clothes, and had cut their scalps with the swords they held in their hands. The blood from the heads of some of them flowed so freely that the front of their gowns were soaked with it, and I saw three men helped out of the procession, because they had become weak from the loss of blood. There were estimated to be between 2,500 and 3,000 men in the procession.

If you could have seen the parade yourself I think you would have agreed with the American girl, who met the remark of a lady in London, that she "could see no reason why you Americans seem to think so much of your own country," with the retort, "I suppose it is because we have seen some of the other countries."

The Common Cold

The common cold is a catarrh. Sometimes there is a nervous element in such sufferings. People who have neurasthenia—nerve fatigue—are apt to get a catarrh with the chilling of the air and not get rid of it until the spring is well on. People may have a nervous catarrh merely from the apprehension of catching cold. In very windy seasons catarrhs are got from breathing dust of various kinds. Hay fever is oftentimes of purely nervous origin.—Dr. John B. Huber (*New York Medical Journal*).

Cause and Treatment of Varicose Veins

E. B., M.D.

WHEN veins, either superficial or deep, become enlarged, tortuous and present at various intervals localized swellings, the condition is known as varicose veins. They occur in various parts of the body but most often are seen in the lower extremities, along the spermatic cord and around the anus. When found in the legs they are called varicose veins, along the spermatic cord, a varicocoele and if around the anus, haemorrhoids. They are more common in men than in women, and appear most often between the ages of twenty-five and forty.

This condition is the result of an increase of pressure in the veins caused by an obstruction to the return flow of blood or to a very weak vein wall which dilates under normal vein pressure. In either case the result is the same in that the vein dilates and presents the localized swellings spoken of above. With stagnation of blood the tissues in this region have their resistance lowered and become very susceptible to infection. This condition in the veins is similar to the condition in the arteries known as arterio-sclerosis.

There are two varieties, the congenital and acquired. The congenital form is not very common and is usually found in the upper extremities. The inherited weakness of the vein wall causes it to give away under the usual pressure found in the vein. The acquired variety makes up by far the greater per cent. and it is under this division that we find the varicose veins of the lower limbs, varicocoele and haemorrhoids. Individuals such as clerks, washerwomen, cooks and the like, who have to stand for a great part of their time, suffer especially from varicose veins of the legs, due to the stasis of blood from their position. Tumors and fluid in the abdominal cavity pressing

on the return flow of the veins are a frequent cause of this trouble. In pregnancy, varicose veins of the lower extremities are very constant. The pressure exerted by the enlarged uterus cannot account for this in every case as the condition may be present in early pregnancy before the uterus is of any size and also the varicose veins disappear if the pregnancy should be terminated at this period for any reason.

The following are the most important complications of varicose veins: (a) Rupture of the vein with haemorrhage externally or into the surrounding tissues. (b) Phlebitis and lymphangitis. (c) Ulceration in the region of the veins. (d) Neuralgia.

The treatment is either palliative or operative. The course of procedure depends on the general condition of the patient and the nature of the severity of the varicose veins. The principle of both kinds of treatment is the same, that is to divert the blood to the deeper veins where they are stronger and better supported, therefore the blood is not so easily stagnated.

The palliative treatment is applicable to the mild cases or where there is some reason that a patient cannot stand an operation. This consists in the use of cold applications, elevation of the leg or the wearing of a tight fitting stocking of elastic that will support the superficial veins and force the blood to the deeper ones. The cold gives tone to the vein wall and the elevation by position rests the veins and gives them a chance to recover. In the proper cases the above methods give fair results. If the condition is due to patient's occupation the first step, if possible, is to have him change his work so that the strain will not be on the veins.

If the condition is marked the best

results are to be looked for from operation. The best statistics gotten by operation is 75-80 per cent. cured or much improved. So from this you see that operation does not mean a sure cure. I might say that before operation is undertaken one should be sure that there is no stoppage of the deep veins. If such be the case, and by operation the superficial avenue for the return of blood is destroyed, the last condition is worse than the first. If there is no history of thrombosis and the patient can wear a tight fitting stocking with ease; it is safe to say that operation can be done.

There are three or four different operations in vogue at the present time, each one known by the name of its originator. I will only give in brief the operations without the originators name. The simplest one is where the internal saphenous vein is ligated where it joins the femoral vein. This is not sufficient in most cases and something further is necessary. A cir-

cular incision is made through the skin down to the muscle by some, and all the veins ligated and the skin closed. There are some objections to this operation in that all of the cutaneous nerves and lymphatics are cut. Others cut down on each varicosity and ligate the vein. If the veins are not stuck too tightly to the overlying skin it is good to reflect a flap and dissect out the veins in toto. And, finally, there is an instrument devised for ripping the vein out of its bed throughout its entire length. This is all right when it can be used but if the veins are very tortuous and are stuck to the skin it is of no value. In all cases the operation is modified according to the degree of the lesion.

Varicocoele and haemorrhoids are treated best surgically. In case of varicocoele a portion of the dilated veins are removed and this usually relieves the condition. In the same way haemorrhoids are removed surgically with good results.

Dangerous Teaching

Mr. Homer Folks writing in the S. C. A. A. News on the appointment of Dr. Hermann M. Biggs as State Commissioner of Health for New York, says, among other things, that Dr. Biggs "is one of the few conspicuous instances of the perfect combination of the practising physician and the public health expert." With every possible respect for the distinguished Commissioner, we fear he does not always measure up to the ideal combination mentioned, for certainly there was little of the spirit of the practising physician in his recent statement to the effect that the trained nurse had come to be something more than the assistant to the physician, and had a greater work than simply to carry out the orders

of the doctor at the bedside of the patient. We know he referred to the public health nurse and was speaking then as the Health Officer, not as the practising physician. But as has been pointed out, such teaching is dangerous, and revolutionary. When the trained nurse ceases to be the assistant of the physician, and feels herself too great to sit by the bedside and carry out the orders of the physician, she will soon find her occupation gone, for it will be many years before there will be sufficient work on health boards to provide for all trained nurses. In the meantime who is going to sit by the bedside of the sick and carry out the doctor's orders.—A. L. S.

Department of Public Welfare

Abolishing Segregated Districts

WITHIN the past few years there has been a very decided movement in this country to do away with what is known as the segregated district in our big cities.

Segregation in the strict use of the word has never really existed in the United States. What we have known as segregation is a limited district which has, of its own volition, grown into a center for disorderly houses and which, by the tacit connivance of the authorities, has been allowed to carry on its business undisturbed so long as there was no public breach of the peace or flagrant violation of outward decency.

San Francisco, Detroit, Chicago, and latterly Washington have been among the cities which have taken this step. Among these cities San Francisco had perhaps the best organized and most recognized segregated district, which so far followed European example as to support a Municipal Clinic at which the women were examined and treated as necessity arose. Opinion as to the value of this clinic varies greatly, according to the point of view. Those who absolutely repudiate all idea of segregation and what they term regulation, attacked this clinic with great vigor, asserting that it was an encouragement to immorality and gave a false sense of security to the men who frequented the houses of the segregated district. On the other hand, it was claimed by those in favor of the clinic that a number of the women medically treated were assisted to leave the life, and that a number of young women were persuaded not to enter it. They also point to the report of the medical department of the Presidio, the United States fort just

outside San Francisco, to the effect that since the abolition of the medical clinic the proportion of venereal diseases among the soldiers has been very greatly increased.

These points of view are of course largely a matter for study and experiment, but there can be no doubt of certain facts which the situation as it now exists has developed. For example, it has been found in every instance where the segregated district has been broken up that the number of women living in it has been greatly exaggerated. Take the latest instance, that of Washington, D. C. It was popularly supposed that there were some five hundred women in the district; in fact, that number was quoted at a Congressional hearing. A careful survey was made by the police of Washington and by two trained workers from the Florence Crittenton Home. The police survey gave the number as two hundred and twenty-two; the Crittenton workers gave their survey as two hundred and twenty-four. Those who had not followed the experience of other cities wondered what provision could be made for these women when the houses were so abruptly closed and thought that many and elaborate arrangements must be made for their care and accommodation. The trained worker, however, was not surprised when the number willing to receive assistance reduced itself to approximately seventy women. The majority of these were not in need of any long continued help.

One thing demonstrated by all these campaigns against the segregated districts is that the work of taking care of the girls after they leave the district or getting hold of them before they leave it, can be done to

a great advantage by women who have knowledge of nursing and of the special care required in treating women of this class. So much of their mental state depends upon their physical condition, and that can be properly recognized only by some one who has the training and insight to approach the matter from the medical standpoint.



Clearing House for Mental Defectives

The question whether the number of mental deficient is increasing more rapidly in proportion to the population is one of very vital importance. It is one which cannot be decided without careful study of statistics extending over a number of years. However, there can be no question that there is at present a very imperfect realization of the number of persons, men, women and children, whose mental equipment is entirely inadequate to the demands of ordinary life. It is largely from this class that our quasi-criminals are recruited.

With a view to dealing with these cases, a clinic was established in connection with the Post Graduate Hospital, which is called The Clearing House for Mental Defectives, and is conducted by Doctor Max G. Schlapp and Doctor Herbert C. Cornwall, both of whom most generously give their services to the work, the other expenses connected with the institution being borne by private contributions. At this clinic all ages and conditions of life are carefully examined and as far as possible put in communication with agencies fitted to meet their cases. During the past year over three thousand cases have gone through this clinic, approximately one thousand of these being young women of child-bearing age. What that single fact means of danger to the girl herself and of peril to the community by her propagating her kind it is unnecessary to expatiate. One of the most interesting phases of the work is the

separating the moral from the mental defective. This border line is a very vague territory as yet, but of its existence no one can have a doubt who has to deal in any way with its unfortunate inhabitants. Every effort is made by the clinic to cooperate with existing institutions for the care and maintenance of the deficient and also with the public schools, many teachers sending puzzling cases to the clinic for examination and expressing gratitude for the assistance they thus receive.

One fact has come very plainly to the fore, and that is that our present institutions for the care of the mental and moral deficient are absolutely inadequate. It is also demonstrating the fact that the teachers and caretakers in such institutions should have training along special lines. This practically opens a new field for the trained nurse, one requiring very special qualifications to conduct successfully. We have already specially trained teachers in the ungraded classes of the public schools, but these are dealing with the admittedly feeble minded. While that is a sufficiently difficult problem, it is not quite as baffling as the oversight and control of the border line cases.

The clinic is open every day except Sunday, from 10 a.m. to 1 p.m. at the Post Graduate Hospital, and will well repay a visit from any one interested in this work, although to the lay mind nothing could be more depressing than to see both sexes and all ages reduced to practically the same level of mental incapacity.



New York Milk Committee

According to the Seventh Annual Report of the New York Milk Committee, just issued, 41,000 baby lives have been saved in New York City by the systematic welfare work carried on during the last seven years by cooperating public and private agencies.

Gleanings from Medical Literature

Eiweiss Milch

Eiweiss Milch is so popular at present as an infant food, that the recipes are offered with the hope that they may be of assistance to the private duty nurse.

EIWEISS MILK—*Mt. Sinai*

Add 1 tablespoon of Simon's Essence of Rennet to 1 quart of milk. Place in water bath at 42° Centigrade, for one-half hour. After coagulum of milk is formed put whole quantity in cheese cloth and let filter slowly by gravity for about one hour.

Remove coagulum from the cheese cloth, and place in a very fine sieve; and while washing the coagulum with one-half litre of water, force it slowly through the sieve by means of a small wooden club. This procedure is to be repeated once.

The wash water must have the appearance of milk and the coagulum must be in the state of fine subdivision.

To the coagulum add one-half litre of buttermilk.

EIWEISS MILK—*Walker Gordon*

Take one half as many quarts of skimmed milk as is required of Eiweiss Milch. Make a junket of the skimmed milk, using one of Hansen's Junket Tablets to each quart of milk. Dissolve tablet in one tablespoonful of cold water. Bring milk to temperature of 98° F. (never above 100° F.). Add the dissolved junket tablets; let stand in a warm place fifteen minutes. Strain through gauze till whey is well drained off. Wash curd with sterile water until water comes through the gauze clear. Take one half as many quarts of buttermilk as quarts of Eiweiss Milch required. Rub washed curd through a fine sieve six times, using buttermilk to work through. Then measure.

Add enough cold sterile water to make up amount of Eiweiss Milch required. Beat thoroughly with an egg beater. Remove butter and fat from top. Add one grain saccharine for every quart of Eiweiss Milch.

This contains 50 per cent. Fat, 3.75 per cent. Protein, 2.4 per cent. Sugar, and yields 8.5 per cent. calories per ounce. A rich form of Eiweiss is prepared as follows.

EIWEISS MILK—*Bellevue*

With one quart of whole milk, make junket. Discard whey. Put curd through sieve twice. Add one pint buttermilk (make from whole milk).

LAROSAN ROCHE MILK

The Hoffman-La Roche Chemical Works, are offering a powder for the preparation of Eiweiss Milch. The milk is very easily prepared by this method, and closely resembles Eiweiss in percentage, taste and appearance.—*The Mt. Sinai Alumnae News*.

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Disinfectants and Their Selection*

In selecting a disinfectant solution a number of points should be considered:

1. The kind of germ to be destroyed.
2. The material in which the infectious matter is incorporated.
3. The amount of matter to be disinfected.
4. The strength and temperature of the solution.
5. The effect the disinfectant is likely to have on surrounding substances that will be exposed to it.
6. The time required for the solution to destroy the germ.

* From "Primary Studies for Nurses," by Charlotte A. Aikens.

7. The composition of any material associated with the matter to be destroyed.

Some bacteria are much more resistant than others and require longer exposure.

Some disinfectants (bichlorid of mercury, for instance), when the chemical substance comes in contact with albuminous matter in stools or sputum, coagulates the albumin, and at once forms a coating around the infectious matter, which prevents the solution coming in contact with any but surface germs, making it unreliable as a disinfectant for that class of matter.

Some chemicals have been found to quickly destroy certain germs, while they seem inert toward others or practically so.

The strength of a solution is always important and also the temperature. All chemical disinfectants are more powerful if applied hot. A solution with but feeble antiseptic properties when used cold, has been found to be a powerful germicide when applied hot.

The effect of the chemical on different materials should always be considered. For instance, corrosive sublimate should not be used on metals, or chlorid of lime to disinfect clothing.

The time the infectious matter is exposed to the solution is also important. If an infected stool to which a disinfectant is applied is at once emptied into the sewer, where the disinfectant is diluted with volumes of water before it can act, then disinfection of the stool has clearly not taken place, even though the nurse may have gone through the motions, applied the solution and apparently carried out the rules. Such disinfectant is wasted and the infectious substance is not disinfected. Further, if the stool is freely mingled with urine, the urine at once dilutes the disinfectant just as the same amount of water would dilute it, lessens its strength, and a stronger solution or a much larger quantity should be applied than if no urine was present. In disinfecting urine enough of the chemical should be

added so that when applied to the urine the whole solution or amount of fluid should be equal to a 5 per cent. solution of carbolic acid, a 1-1000 solution of bichlorid of mercury, or a 3 to 5 per cent. solution of formalin.



Intravenous Ether Anesthesia

In *Hospital Topics*, the attractive monthly issued by the Buffalo Homeopathic Hospital, Dr. George R. Critchlow, writing of the recent congress of surgeons in Chicago, thus describes the administration of intravenous ether anesthesia. He says: "Perhaps the most interesting thing to me was the demonstration in Dr. Wyllis Andrews' clinic at Mercy Hospital, of intravenous ether anesthesia in three cases. This is a comparatively new method, reports of which have appeared in the literature during the past year. A vein in the patient's arm is opened and a seven and one-half per cent. solution of ether in saline solution is injected into the blood. In five minutes, sometimes sooner, the patient is entirely narcotized without any of the usual suffocation, accumulation of mucus in the throat and labored breathing, which so often accompanies the administration of ether with a mask. It is easy to see the advantage of this method in certain conditions, *e. g.*, in elderly people the great tendency to ether bronchitis or pneumonia is avoided. The post-anesthesia nausea is abolished and, in operating about the head and face, the operator is not hampered by the presence of the anesthetist and his apparatus. The patient recovers more quickly and more happily. The method is new and a large number of cases will have to be collected before we can speak regarding its relative safety and value.

"The newspapers made much of the spinal anesthesia. As a matter of fact it is used very seldom by surgeons in general and is not without grave danger. Its limitations are great and it is not likely to become a very popular method of anesthesia."

Editorially Speaking

Nurse Legislation

Ever since the agitation for nurse registration began in New York State, the hospital authorities and the association nurses have been growing farther and farther apart in their apparent interests, until now they are ranged on opposing sides, each side accusing the other of being selfish in its aims. What are the grounds for their accusations? The promoters of the Seeley-Hoff nurse bill, are the same women who drew up and pushed through the present registration law. In each instance they put the interpretation of the law into the hands, not of experts, but of a body of men almost all of whom are doctors of literature, philosophy or science, with no practical knowledge of nursing whatever. Though Dr. Downing of the state Education Department made a very heated denial at the Albany hearing that these men turned to, or were influenced by, the five nurse examiners appointed by the New York State Nurses Association, yet these women have somehow got their ideas carried out in full in the interpretation of the law, and it is a matter of record, that the Regents have reversed their decision, and have referred to the nurse board as the cause of the change.

The present law has not worked out in a manner satisfactory to the hospitals; a large majority of nurses eligible for registration have ignored it as being of no benefit to them. The public has evidently not appreciated the safeguard provided for it, but has utterly disregarded the distinction of "registered nurse." Who then has benefited by it, unless it be those who promulgated it, and who have worked it in a way to make only their own coterie eligible for such positions as they could get within

their power. They say it is the hospitals who are selfish, because, being unable on account of the educational requirements and other restrictions to get sufficient probationers, and so being forced to employ graduate nurses, they complain of expense. Yet why call them selfish on this account? The money does not come out of the pockets of the hospital authorities, nor could it in any case go into their pockets. It is the public that has to pay the extra expense; and if the money is not forthcoming, the hospital has a deficit and is obliged to retrench, or else is obliged to close its doors. Is it selfishness to resent an expense that so endangers the usefulness of the hospital to the public?

Each side claims the public good as its main object. The opposition because it would leave the less highly trained nurse, who is also the less expensive nurse, in the field to earn an honorable living, and to care for those who cannot afford the registered nurse; by the defendants because they claim that the best nursing service is none too good for all, and should be had by all; but no provision is suggested for continued home nursing except on a charitable basis and, in the face of all the lofty sentiments expressed, one of the supporters of the bill rose to her feet at the hearing at Albany and asked "where are all our charity organizations; why should not they care for these cases?" If, as it is stated, highly trained care is needed, even where the symptoms are slight, because one never knows when a turn may come for the worse, not one or two daily calls, but continued attendance would seem to be necessary, and such service the supporters of the bill are not prepared to offer.

The contention made by the opposition that many women now earning an honest living as nurses would be put out of business if the bill passed, is answered by those in favor of the bill by reference to the waiver. Unfortunately, the wording of the part of the waiver referred to is as follows: "The said Regents upon the recommendation of the said board of examiners, may also grant such a certificate to any nurse of good moral character who has been engaged in actual practice as a nurse for not less than five years next prior etc." Here again, Dr. Downing to the contrary, we have the matter put entirely in the hands of the nurse board of examiners. Is it likely that the nurse examiners would recommend giving a certificate to many, if any, of the women they are so anxious to deprive of the title, nurse. The wording of the waiver is most cautious, and gives little chance for any but the highly trained nurse to come in under it.

The real aim of the bill would seem to be, as Dr. Herman Biggs implied, to make nursing an independent profession, something it can never be, in the very nature of things. But if such an object is desired, the way to reach it would be, not to forbid the use of the term *nurse*, but the performance of *nursing service*, which it has been particularly stipulated the law is not meant to do. We are surprised that this point has not been brought out more forcibly. No one knows better than those supporting the bill, that it is impossible as well as undesirable to try to prevent the nursing of the sick by any but registered nurses. There are not enough registered nurses to care for the sick in the homes, and nine-tenths of the people could not afford them if there were.

The doctor is brought in as usual as an example of the restriction of a common term, but no mention is made of the fact, that "doctor of medicine," not "doctor," is the term forbidden to those not properly

trained to cure the sick. Doctor of Nursing seems to be the title the leaders are really after, though they clip it down to nurse. What the demand for the title nurse really amounts to was very cleverly given in The New York *Sun* recently under the title "When a Nurse is Not a Nurse" as follows: "If the Legislature should be asked to pass a bill providing that anyone who wanted to, might drive a team of horses, but that no one so engaged should call himself a driver or be referred to as a driver, or be recognized as a driver unless he wore a badge issued by a private corporation styled the Drivers' Association, the proposal would excite a smile of pity and then be forgotten. Yet there is a serious and powerfully supported movement now afoot to pass a bill which would restrict the use of the common noun nurse to persons holding membership in, or certificate from, a private corporation. . . . The mere statement of the ridiculous attempt to restrict the use of a familiar and well understood word, ought to put a period to the whole proceeding without further discussion."



Belated Honors

It is, we believe, some twelve years or more, since our esteemed contemporary, familiarly known to its loving friends as the "green book," made its initial bow to the nursing public. To our best knowledge and belief, never during these years has our name or that of THE TRAINED NURSE AND HOSPITAL REVIEW been mentioned in its editorial columns, even though its brilliant editor owes so much of her prestige to this magazine. It was then, with a feeling almost akin to rapture, that in glancing over a recent issue, we saw our name, at least a part of it, mentioned in connection with the hearing on the Seeley-Hoff bill. We were, indeed, flattered by this recognition.

Unfortunately our felicitation was soon disturbed, for a number of our friends did

not take the same view of this editorial attention as we did; they told us that we had no right to feel complimented, that to be mentioned for the first time in such a way and in such a connection showed a motive entirely malicious, and that the intent to injure was obvious. Others said that to them the comment gave the impression that the distinguished editor was making a three-cushion shot to include the Jews, the Catholics and The Trained Nurse, and that the intent seemed to be to reflect on these two great and powerful factors of the community as well as our humble selves. Still others saw in the comment indications that the passing years had accentuated those personal traits for which our esteemed contemporary will be so long remembered. As for ourselves, we refused to entertain any of these suggestions; we turned a deaf ear to them all, and preferred to believe that the recognition was an act of courtesy.

We trust, however, that we will not be thought lacking in appreciation if we make a most emphatic denial of the *assertion* which the editor credits to us. The misquoting was undoubtedly due to printers' errors, a number of which we noticed; for instance, "a Miss Fiske" should read Miss A. Fiske, A.M., R.N.—college graduate, hospital graduate, registered nurse, writer on many nursing subjects and author of the well-known text-book, "The Structure and Function of the Human Body." We also noticed that a well-known and prominent physician was referred to as *Mr.* instead of *Dr.*, names given incorrectly and several other errors. We must consider that these are printers' errors, for we know that our distinguished contemporary would not intentionally refer to these well-known persons in so slighting a manner. Discourtesy

would be impossible from one of such brilliant attainments.



State Registration in Australia

In a recent number of *Una*, the journal of the Royal Victorian Trained Nurses' Association in Australia, a statement was presented of the plans adopted by the Australian nurses in regard to registration. We wish especially to call attention to the composition of the Nurses Registration Board of Victoria as outlined, because it contains a much-needed lesson for American nurses in regard to representation on the board of all the interests concerned in proper nursing of the sick. The plan provides for a Nurses' Registration Board, to be composed of eleven persons: (a) One Government nominee, (b) two medical men nominated by the local branch of the British Medical Association, (c) three hospital representatives, (d) two matrons of hospitals, to be elected by the Council of the R.V.T.N.A., and (e) three representatives of the nurses, elected by the nurses themselves.

With such a strong representative board one cannot but feel that the interests of all will be conserved; that the nurses, in seeking the co-operation and support of the hospital authorities and the medical profession have builded most wisely. Certain it is that any recommendation regarding a department of hospital work, such as a training school, comes with double force when it comes from hospital workers and the medical profession, rather than from nurses alone. We shall never have the real benefits which registration should bring till in every State the hospitals of the State are given adequate representation and a voice in managing affairs which affect hospitals at a very vital point.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Question of Discipline in Hospitals

A recent conversation with a hospital superintendent who is a physician and charged with large responsibility regarding the medical work of his institution calls attention to a condition on which more emphasis in the way of prevention might wisely be placed in most hospital schools. In the hospital under consideration, there were three departments, the medical department under the direct supervision of a paid resident physician, the nursing department, and the domestic department. The great difficulty—one which had extended over practically the entire period of the hospital's existence—was to secure a head nurse who would attend to her own department, avoid meddling with either of the other departments, and obey the rules which pertained to her in common with other members of the household. Change after change of head nurses had been made. Graduates of some of the best known hospitals in the country had been secured with a difference only in degree of the difficulties mentioned. The impunity with which the head nurse would disregard known regulations was one of the things which this superintendent found it most difficult to understand.

There is no doubt that this superintendent forms one of a fairly large company in this respect. Whatever else we may or may not be overlooking in the training of nurses there is one thing we most assuredly are neglecting to teach successfully—*respect for authority*. Graduate nurses do not hesitate to criticise the superintendent's or the board's management and methods in the presence of pupil nurses. Instead of being an example to pupils in regard to observance of rules, their influence in a large number of instances has proved to be in the opposite direction. Many of them seemed to feel no responsibility for seeing that institutional regulations were enforced. Established methods are overturned without even thinking it worth while to mention such matters to the superintendent. The desire to control or to have their

own way about things in general, regardless of its effect on the institution as a whole, is a prominent characteristic in a large number of hospital graduates who choose institutional work. This is no imaginary condition and it bodes no good either to the nurses of the future or the hospitals of the country.

Who is to blame for it? In a large measure the blame for this condition must be borne by the hospital superintendents. When a head nurse for a department is desired, it is natural to write to some fairly large or prominent hospital to recommend one of its graduates for the position. We admit that for training for private nursing the small hospital affords good opportunities in the majority of cases, but when we want a head nurse the tendency is to give the preference to graduates of some of the larger hospitals which afford wider experience and better facilities for general training. Observation and investigation leads us to believe that the superintendents of many, if not most of the larger hospitals have given but very scant attention to what is going on in their own training schools. They come in contact with the nurses but little, and that they have any responsibility to lecture to, or instruct them, is rarely considered. Occasionally a superintendent will meet the class of nurses at the opening of the school year and give them a talk on their relation to that institution and that is the end of it. Their relation to any other institution to which they may go after graduation as executives, is a question that is pretty thoroughly ignored, and the condition described by the superintendent at the beginning of this article is one of the direct results of that mistaken policy—this very common neglect on the part of superintendents of hospitals. As a general rule there is no one else, but the superintendent in the hospital who has or can be expected to have, such a grasp of the situation as will enable him to see each department of the institution in its relation to other departments. To give to those who serve as nurses in that institution the all-round view

of the situation as far as possible, to show the effects of certain lines of conduct, to point out what to avoid, to teach respect for authority as one of the first steps toward success and harmony in institutions, is a part of the superintendent's business, whether he realizes it or not. It is his because no one but he can do it. It is a duty he owes to hospitals in general, to teach it, and the nurse who graduates without any ethical instruction on this line leaves the institution with one important feature of her training neglected.

You have probably deplored and bewailed the fact that many of the head nurses you have employed in your institution lacked this respect for proper authority. The question now is, "Are you, as a superintendent, doing all that you might, to make sure that the graduates of *your* school will not fail at precisely the same point when they go to some other institution? Are you guilty or not guilty of neglect of *your* training school in this particular?"

One other reason which has doubtless had some influence in this direction is the persistent effort that has been put forth for years to have the head of the training school given a position equal in importance and authority with that of the superintendent of the hospital. In some cases the wish has been acted on as far as possible. The oft reiterated statement that "nursing should be controlled by nurses" has been interpreted to mean "Hospital training schools should be exclusively controlled by nurses. No mere man has any right to express an opinion on the matter." In short, in some schools through the influence of pernicious teaching and suggestion, the pupil nurses have become imbued with the idea that the superintendent, *if he is a man*, is one of the worst enemies the nurses have.

No tendency of recent times is more to be deplored than this, and it is safe to say that no vexed nursing question is going to be settled by nurses assuming the attitude that *men* are the enemies of all progress in nursing affairs, or by attempting to create an issue in which the sex question will enter. Some of the bills for nursing legislation would not have been passed when they were, had it not been for the work done in behalf of nurses by some physicians and hospital superintendents. The wisdom of both men and women is needed in adjusting nursing matters, for neither sex can claim a monopoly of the wisdom or the knowledge that is needed to reach a basis of future work that will be fair to hospitals and fair to nurses and fair to the sick who are to be cared for.

Adequate Provision for Sickness

No article which has appeared in this magazine for a long time demands more careful reading and serious consideration than that by Mr. John R. Howard, which was concluded in the March number on "The Inadequate Provision for Medical Service to those of Limited Means." That we hospital people need to get a broader vision of the function of the hospital in a community, and to see more clearly the place of the hospital in the whole scheme, for the care of the sick in the community, needs no emphasis.

Practically no serious study has been given to the question of "Who should go to a hospital"—"or what classes of cases are always and everywhere hospital cases," and for what cases should we provide for care at home. For modern conditions are such in most communities that hired care of some kind in sickness has become a necessity. Yet there are few if any communities which have attempted to work out the problem of the care of the sick, with a determination to care for the sick who can safely be cared for at home, in their homes, and to estimate accurately the approximate provision which should be made for those who should go to a hospital. We have gone to extremes in hospital building and grossly neglected to make any provision for home care in many communities, or we have provided for the upper "tenth" and the "lower tenth" of the population and left the great bulk of the people to shift for themselves. We have hoped that visiting nursing would meet the needs of all classes, where we know it never can. Visiting nursing in any case of serious illness can never be sufficient. Continuous care, of some sort, must be secured somehow.

In a town which is just beginning to wake up to the fact that it should be making some provision for better caring for its sick, the first thought usually is a hospital. Might it not be a wiser provision to establish first a Home Nursing Center, with a graduate nurse in charge, and let her organize the community resources there are in every town, for caring for sickness. Let her start her center in a small house or part of a house. Let her find a sufficient number of reliable women—every town has them—who are willing to give service in sickness and work under the supervision and instruction of the graduate nurse. Gradually she will find the need of fitting up a "dispensary" or emergency service room, where minor operations can be performed, and the patient taken home to be cared for. She will accumulate a supply of sick room appliances for loan or rental for use in homes. She

will conduct classes in home nursing for mothers, wives and sisters, endeavoring to improve the quality of the care given by "home folks" to their own sick. She will keep track of the major surgical cases which would have been better off in a hospital, and through working along these practical lines, might not that community, in a year or two, be better able to decide on the size of hospital needed, and the kinds of cases needing to be provided for, than if that community had launched the hospital project first, and entirely neglected to make provision for proper care in the homes of those cases which might safely be cared for at home.

In this connection the report on "Care of Out-Patients, and Sickness in the Home" prepared after a two years' survey of conditions in New York City, is an extremely valuable contribution to the cause. That a readjustment of our habits of thought and practice in regard to the care of the sick is speedily coming, is certain. It will be helped or retarded by the position taken by the average hospital superintendent. The position now taken by most of the hospital superintendents of the country may be illustrated by a conversation which the writer had recently, with one of the most efficient medical superintendents of the country. His hospital, a large one, was facing an annual deficit of over forty thousand dollars. He was asked if he had not cared for freely, or at a loss, a considerable number of patients who could have been cared for at home, if his city had a system of providing continuous home care. He said that this was undoubtedly true; but when it was suggested that he employ a graduate nurse, give her an office and telephone somewhere in the hospital, and let her begin to study how to care for many of his "moderate means" patients at home, thus relieving his hospital of much service which it was furnishing at a loss, he said "they couldn't afford to hire a nurse for that purpose." The nurse would have cost from \$1000 to \$1200 a year. The service she would organize, provide, and supervise, would save the hospital many thousands of dollars, but he couldn't see the wisdom of spending \$1000 to save ten times that much.

We shall see before many years, every progressive hospital with a department reaching out into the homes, or closely cooperating with a civic home nursing center devoted to that purpose—providing proper care for such patients as can be properly cared for in the home, and receiving a larger proportion of such cases as need to have hospital facilities.

We shall see the smaller county hospital reach-

ing out into the towns and villages and rural districts, sending when needed, a graduate nurse, or a household nurse who can assist in the care of the home, loaning sick room supplies to patients in villages and rural districts, and caring for more patients in homes than in the hospital at less than one third of the cost.



The Care of Medicines in Hospitals

It is difficult to imagine a more deplorable accident in a hospital than an accident resulting in death from the administration of a wrong drug. Yet no accident seems commoner in hospitals, and the pity is that it is ever and anon being repeated through carelessness on the part of some one. For most of such accidents the superintendent of the hospital and the superintendent of nurses must share a large part of the blame. Investigation after such accidents almost always reveals laxity in some degree on the part of the management in some way. A recent case which happened in England is only another illustration of how such accidents may happen. A probationer of a few weeks' experience was told to cleanse the heads of two patients, and if necessary to rub in carbolic oil. The oil which was commonly used for such purposes was a mixture of nine parts of olive oil to one part of carbolic acid. The probationer, instead of using the mixture, rubbed pure carbolic acid into the hair of a child of thirteen years who was awaiting an operation for adenoids. The child died shortly after, before a doctor could be secured. The jury blamed the probationer for not using proper care, the head nurse for laxity in supervision of the probationer's work, and the superintendent of the hospital for allowing pure carbolic acid and strongly poisonous drugs to be kept in the same cupboard with common medicines.

Probably after a patient is killed by such an accident the authorities of that hospital and the nurses will be more careful, but why not be "more careful" before it happens.

Proper separation of strongly poisonous drugs from those in general use; proper labeling of all drugs, proper instruction to all nurses and probationers before they are allowed to handle drugs, and proper attention to the simple precautions which cannot be too greatly emphasized—these would go far toward preventing all such accidents. To be sure, there is always the "human element" to reckon with, that forgets to read the label, or reads it while thinking of something else, but not until they have used all the known safe-

guards can hospital authorities be considered blameless. Periodical talks on how such accidents may occur help a good deal. Labeling all bottles plainly, with the common English name of the drug, helps a good deal, too. It is unlikely that the nurse who, when told to give "a teaspoonful of tinct. opii. camph." and gave instead a teaspoonful of tinct. opii., would have made that mistake if one bottle had been labeled "paregoric" and the other "laudanum." Railroads and factories are joining heartily in the "Safety First" movement. A "Safety First" movement mightn't be such a bad thing in some hospitals.



Hospital of the Good Shepherd

The Hospital of the Good Shepherd, Syracuse, N. Y., since the completion of the successful campaign, which placed it on a safe financial basis, has been undergoing a thorough reorganization. Miss Lina Lightbourne, as superintendent, has been succeeded by Dr. Mason R. Pratt.

During the year a revised form of bookkeeping has been installed. This has been for the purpose of making the accounts more accurate, especially as to the cost of caring for the various classes of patients and for the purpose of making our system conform to those of the other hospitals in the city so that we may compare our costs with theirs. The prices for practically all forms of hospital service and care have been increased. The price for the care of county patients has been increased from \$7.00 to \$9.45 per week. The price for the care of city patients has been increased from \$7.00 to \$8.00 per week. The increase for the county patients went into effect January 1, 1912, and for the care of city patients February 1, 1912. The price for the care of ward patients in March, 1912, was increased from \$7.00 to \$10.50 per week. The prices of rooms for the semi-private patients were increased as follows: \$1.50 per day rooms were increased to \$1.75; \$1.75 per day rooms were increased to \$2.00. The prices of private rooms were increased as follows: \$2.52 per day rooms were increased to \$3.00; \$3.00 per day rooms were increased to \$3.50 and \$4.00.

Since about July 1, 1912, all patients employing graduate nurses have been charged \$5.00 per week for nurse's board.

The effort of the year has been largely to economize in the administration of the hospital without decreasing its efficiency, in the hope that the affairs of the hospital might be so managed as to make its income equal to its outgo.

Notes and News

St. Michael's Hospital, Newark, N. J., completed a campaign for \$130,000 on the night of February 25. One hundred and twenty-eight teams reported on that evening. The women met daily through the campaign at 1 p.m., being divided into two sections, and meeting on alternate days. The men were divided into two sections and met alternate days during the twelve-day campaign. About 21,000 subscriptions were secured, and the amount pledged reached \$141,491.

This is probably the first attempt to organize team workers in sufficient force to at all adequately canvass a large city. This plan worked perfectly, although severe cold weather was encountered during a large part of the campaign. The fund will pay the cost of the new wing and equipment, giving the hospital a capacity of 400 beds. The wing is nearly completed and will be opened in a few weeks. Mr. W. A. Bowen, of Waterville, Maine, was the campaign leader, and Mr. T. W. Davies, of Brooklyn, his associate. Mr. Joseph M. Byrne is treasurer of the building fund. The hospital is under the care of the Sisters of the Poor of St. Francis.

The city of Saint Louis holds the record for speed in hospital building. Recently it became necessary to provide additional accommodation for small-pox patients. An order was placed by the president of the Board of Public Improvements for the construction of an additional building, and in two days the building was ready for patients.

The structure to be operated in connection with the Robert Koch Hospital, is 52 feet by 20 feet in dimensions. It contains two ward rooms, 20 feet by 20 feet, one room for nurses, and a bathroom. The ward rooms accommodate twelve patients each. The steam heating is accomplished by tapping the main steam pipe running between the engine room and the hospital.

The building is in sections 4 feet wide and is portable. The material was rushed to the grounds on automobile trucks and a large force of men was employed to finish the work in the least possible time as an experiment to learn what progress can be made in the event of an epidemic. The cost of the building complete was \$600.

The contract has been let for the new Emergency Hospital, Washington, D. C., to be erected on New York Ave. between 17th and 18th streets.

Book Reviews

A Course of Lectures on Medicine to Nurses. By Herbert E. Cuff, M.D., F.R.C.S. Sixth edition, 281 pages, illustrated. Price \$1.25 net.

From time to time, as the different editions of this book have appeared, they have received mention in our columns, so to many of our readers it needs no introduction. To those not familiar with it, we would state that the lectures were prepared with the idea of providing nurses with a work of reference to enable them to intelligently follow the progress of their cases; to grasp the meaning of symptoms; to understand some of the reasons which influence the physician in his adoption of different methods of treatment, and the results to be expected therefrom. That the book has reached its sixth edition, would indicate that it carries out the object for which it was prepared.



Lectures on Medical Electricity to Nurses. An Illustrated manual by J. Delpratt Harris, M. D., Durh., M.R.C. Price \$1.00 net.

This manual is arranged for hospital trained nurses, who may be seeking employment in the electrical department of a hospital or undertaking the treatment of a private patient under the supervision of a medical man. It will be found helpful and useful for these purposes.



Lectures on Tuberculosis to Nurses. By Oliver Bruce, M. R. C. S., L. R. C. P. Illustrated. Price \$1.00 net.

These lectures are based on a course delivered to the Queen Victoria Jubilee Nurses. The lectures are divided as follows: 1. History and Aetiology; 2. Signs and Symptoms; 3. Hygiene; 4. Sanatorium Treatment; 5. Diet; 6. Complications.



American Red Cross Abridged Text Books on First Aid. By Major Charles Lynch. Illustrated. Price 30 cents each.

Police and Fireman's Edition; Railroad Edition; Miner's Edition; Woman's Edition.

The Dentist's Diary. By Lehn & Fink. Second Edition.

In this new edition particular attention has been paid to data on the oral hygiene movement, especially with regard to children and schools. This will provide excellent material for use in propaganda work—lectures, talks to physical culture clubs, Y. M. C. A.'s, Y. W. C. A.'s, mothers' clubs, health boards, teachers, etc.; articles in local newspapers and magazines. There is no reason why the dentist should not become a big public health factor in his community. The possibilities are infinite for the vital man with the right ideas.



Anatomy and Physiology for Nurses. By Amy E. Pope, Instructor in the Presbyterian School of Nursing, New York, with 554 pages, and 135 illustrations. Price \$1.75.

The author states in the preface to the book that if nurses are to do the teaching of hygiene and sanitation expected of them in connection with social service work, it is necessary they be well grounded in the principles of physiology. The object of this work then, is to provide a text-book containing more physiology, than the books on anatomy and physiology hitherto provided for nurses. The book is very fully illustrated and contains an extensive glossary, which includes a detailed explanation of all the chemical and physical terms used.



Through the courtesy of Miss Myra L. Sawyer, trained nurse at the Williams Hospital, China, we are in receipt of two most interesting booklets, namely, *China Recognized Medically*, a few points concerning The Williams Hospital of the American Board at Pang Chuang, Techow, and *The Man With Ten Eyes*, by Mrs. Arthur H. Smith, telling of the work among the blind in China, with special reference to that of Mr. Tong, himself a blind man.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Orthodox "Cure."

To the Editor of The Trained Nurse:

I read with great interest the article by Mabel Jacques, in February number of THE TRAINED NURSE AND HOSPITAL REVIEW, on The Unorthodox "Cure" and I would like to tell our readers of my personal experience in taking The Orthodox "Cure." My case was similar to that of Miss G., in as much as an inactive life did not appeal to me. When I broke down I was living in New York City. Through the kindness of friends, a way opened for me to go to the mountains. There were financial difficulties to be met, and nothing to meet them with, so I managed to secure employment, when I really needed home comfort, cheerful environment, and light duties. The strain soon told on me, for I was mentally very far from happy, and within a year became worse. A serious condition developed, and I was removed to an institution, for my friends became panic stricken and were not equal to doing for me. With good care I had improved sufficiently in seven weeks to enter a sanitarium, but was not happy, because I knew what a drain even the small expense per week was on my people. After six months faithful "cure" taking, my condition so far as lungs were concerned had not improved. I was discouraged, for the idleness did not appeal to me, knowing the perplexities it incurred. I appealed to physician in charge to try tuberculin treatment, owing to my condition he was not in favor of it, but I pleaded so persistently, willing to take any risk rather than continue my present existence, he finally consented. Within three months there was a decided change for better and in a short while I appealed again to be allowed to take up tubercular nursing. I remember so well how the medical director "a good man" smiled, thinking it only a whim, but he consented (as he told me later, thinking to humor me for he was sure my condition would not permit me to nurse). I made good, and cannot tell you how different the world looked to me knowing I was again able to help myself and thereby help others. In time I was on regular duty and for three years worked doing institu-

tional and private work in tubercular nursing. Last fall in my enthusiasm over a case I overdone and since have been fighting a hard bronchial cold. The doctors insist I must take the rest cure, but since this incurs expenses which a brother is trying to meet (earning a moderate salary) it makes me cry out against the enforced idleness. I know if there was somewhere I could go where I could be useful part of the time, and thereby lessen the burden for all—my restoration to health would be more rapid, for contentment and knowing that one is doing some good in the world does more to overcome this disease, than any set or enforced rules. At least such was my personal experience, and from association with people taking the rest cure, and close observation, I have found it to be the case with many, many others. God bless the unselfish benefactor who helped restore Miss G. to health, in no other way could it have been accomplished, and that a way may be opened for many more, is my earnest plea.

A CONSTANT READER.



Efficient Orderlies in Hospitals

To the Editor of The Trained Nurse:

I have often spoken against the employing of ignorant and unintelligent orderlies in hospitals. I think that it is very essential in the male ward to have a good orderly and one who is quick, able and willing to learn. It does not seem right to me that nurses should be required to do many of the things for male patients that they are obliged to do, and while we ourselves in our work think little of it, the patients themselves are often noticeably embarrassed. I have more than once overheard a man remark. "I do not see why they do not have an orderly around all the time." While it is not expected that an orderly be trained as a male nurse, yet I do think they should have proper instruction in the correct way of giving admission and bed baths, taking of rectal temperatures, giving of enemas, shaving of patients for operation and catheterization, the latter being carefully taught of course by a doctor. One of course could not expect any but

a tolerably intelligent man to learn these things or to do them properly. Above all I consider that instruction should be given in the strict observance and precautions, in working over infectious cases. I noticed while I was in a Southern hospital that the nurses were not required to do anything for the male patients and all treatments were carried out either by the internes themselves or orderlies. I also observed, however, that these orderlies were not properly instructed and in consequence did not do things as they should have been done. I do not, however, think that any patient in an unconscious or desperately ill condition, should be left to the mercy of orderlies, no matter how competent they may be, for I consider it the duty of the nurse to administer and give all treatment to those patients herself. I believe therefore that if hospitals employed men who were capable of learning, and gave them careful instruction, that it would save no end of unpleasant occurrences and trouble, and I am sure would not require too great an expenditure of time or energy, and would prove not only a great satisfaction to the nurses but often to the doctors themselves, not to speak of the benefit to the patients. A. C. J.



The Non-Professional Nurse

To the Editor of The Trained Nurse:

I read with interest the article by Mary Beard, in the January number, on the attitude of the professional to the non-professional nurse. I have conducted a directory for almost eleven years for graduate nurses, also gave a place to the practical nurse and the trained attendant, placing them when called for at from fifteen to eighteen dollars per week, which price they demanded and procured readily. My experience has been that in a very short space of time both the practical woman and especially the trained attendant, took the place of the graduate nurse both in profession and salary. I have in mind a practical nurse in our city who is employed steadily at twenty-one dollars per week, by a physician who is attached to one of our hospitals giving a three year course to its pupil nurses. It seems very absurd to remain three years listening to lectures, attending classes and working in an untiring manner, when a mere smattering of knowledge tactfully applied for a mercenary end would have done just as well to satisfy the demand of the physician. The trained attendant said she came to take the place of the graduate nurse in cases of long illness and where scientific nursing was no longer required. After her

establishment was procured through the directory, she was fully fledged and took up the nursing of contagious diseases at twenty-five dollars per week. So I have abandoned both the practical nurse and the trained attendant and no longer carry them on my list of nurses. Personally I feel the profession is today very much imposed upon by such women, and I have concluded that to conduct registries to meet the demands of the public and physicians, under their specified listings would indeed improve conditions very much for the graduate nurse. Thanking you in advance for any space given.

E. R. COPPINGER, R. N.



Male Catheterization

To the Editor of The Trained Nurse:

There is perhaps no question upon which there is such a difference of opinion, as to whether the female nurse shall pass the catheter on a male patient. Having spent all but one year of my professional life in institutional work the question had never been brought before me in its practical form till a short time ago, when called to a case in the country, three and a half miles from a town. The Registrar had not informed me as to the nature of the case, so I did not go as I should have, with my "emergency case." I found the patient hopelessly ill, very weak, in the last stages of tubercular gastro-enteritis, with renal complications. The nurse, who I replaced, and who had been discharged for reasons which the doctor very generously concealed, had been applying heat to the region of the stomach and abdomen, and back of neck, for pain patient complained of, but there was no report of amount of urine passed, and the man was in a semi-delirious state, very suggestive of uremic disturbance. After taking a reasonable length of time for a casual inventory of my surroundings, I proceeded to a thorough examination of my patient, as was my custom, and found as I had suspected, the abdomen full of a distended bladder. As I had nothing with me with which to relieve the patient, and being three and a half miles from anywhere, there was nothing to do but inform the doctor, which I did at once. His astonishment was expressed in a volley of harmless expletives, after which he told me that he could not come till later in the day, but that he would send out a catheter. I noticed with some egotistical satisfaction that he did not ask me whether I could or would use it. The messenger arrived with the catheter at 12^m. I had been obliged to suspend all medication and nourishment, and ad-

minister opiates, to allay the patients suffering. Upon passing the catheter, I obtained 24 ounces of urine, after which the patient slept peacefully till the bladder filled again. I passed the catheter every eight or ten hours, till the patient died three days later. I hope no one will accuse me of unjust criticism as it was unquestionably an oversight on the part of the other nurse, but there is a great deal of satisfaction in looking back over the case, to know that the only one thing that could be done to relieve the pain of the dying man and make his death more peaceful, I was able to do, and did.

DALLAS, TEXAS.



Eight Hour Law

To the Editor of The Trained Nurse:

The demand for a shorter workday is carried over into the nursing profession from the labor unions. It arises among the rank and file, from a sense of its need, in the one case as in the other. Were there not a widespread feeling that it is necessary to their highest efficiency, the nurses would not demand it. Such demands are always opposed by the employers, and for reasons which are seldom sound. In the business world it has been found that shortening the hours and raising the pay not only increases capacity—i.e., quantity and quality of output—but makes for elevation of character—e.g., reduces drunkenness. It has been argued by the authorities in some hospitals that a shorter day will destroy the fine ideals and noble aspirations of the nurses; but do they really believe that physical and mental exhaustion tend to the elevation of ideals? The nurses claim that the long day tends to the lowering of their ideals and the quenching of their aspirations. Who knows best? The nurses, or those in authority over them? Do the hospital authorities find their own efficiency, increased, and their ideals elevated, by long hours? Does the physician who has been out all night with a case of croup welcome a call the next night to an obstetrical case? Is not this involved in their argument for the benefits of the long day for nurses? Owing partly to the large numbers engaged therein, there is a growing tendency on the part of the public to reduce the teaching and nursing professions to the status of trades. This has gone so far in the case of the teachers that they have sometimes felt obliged to organize themselves in labor unions, and use union methods for their own protection. The nurses may feel compelled to do the same. If the physicians and hospital

superintendents are to legislate for the nurses we shall have class legislation in its worst form—legislation by one class of society for another. The talk about loss of ideals had better be left to the nurses. They can take care of their own ideals. If shortening their day will increase the expense and difficulty of hospital administration, and it probably will, that is another matter, and is good reason for opposition; and the fight should be made frankly on this basis. As to the California law, discussed in your November issue, the hospital authorities should have secured the same exemption as the canning factories. They had the same chance.

BAYARD E. HARRISON.



Arranging For Maternity Cases

To the Editor of The Trained Nurse:

To the nurse asking for information in regard to fees on delayed obstetrical cases, I would earnestly advise a plain common-sense talk with the patient on the matter. It is usual to charge half pay from date set until confinement. Often the nurse goes to the home on the date engaged and remains there on full pay. It is only fair to the nurse that a certain date be set and if her demand is presented in a pleasant business-like way, better satisfaction is felt on both sides. No nurse of standing and reliability would accept another engagement after accepting an obstetrical case.

A. L. P.

[One of our courts recently ruled againstt he collection of the salary of the nurse while waiting for a confinement.—Ed.]



Lessening Menstrual Discomfort

To the Editor of The Trained Nurse:

In reply to the question of lessening menstrual discomfort, I would suggest to the nurse to try what a doctor recommended to me last summer, namely, to use chloroform as a counter-irritant over the fundus—it gives instant relief—I know for I have tried it, and I have relieved several patients the same way. One can go about her work just the same, I have filled ice caps, without the chill giving me pain.

BATON ROUGE.

I have been a great sufferer from menstrual pain, but have found that Asperin gives relief quicker than anything else, and does not affect the heart and head like morphia and codeine. R.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Navy Nurse Corps

On February 7, 1914, the appointment was confirmed of Medical Inspector W. C. Braisted as Surgeon-General of the Navy, to succeed Medical Director C. F. Stokes, whose term of office expired on that date. During Dr. Stokes's term as Chief of the Bureau of Medicine and Surgery the number of nurses appointed to membership in the Nurse Corps has doubled, and difficulties requiring legislative action have been successfully terminated. The nurses who have served under Dr. Stokes appreciate the just treatment accorded them and the keen interest he always manifested in matters pertaining to the Corps. The appointment of Surgeon-General Braisted brings to the Bureau of Medicine and Surgery one of the chief exponents of the plan to establish in the Navy a corps of trained nurses. The hope is universal among us that the progress the Nurse Corps has made, since the time of his first interest, will be gratifying to our new chief. We are confident that we will receive from him every possible assistance in our efforts to make the nursing work in the Navy acceptable to our profession, and in keeping with the general efficiency demanded by the Surgeon-General in all Naval hospitals.

In response to a request from the Governor of Samoa (American), the Secretary of the Navy authorized the Bureau of Medicine and Surgery to send two members of the Nurse Corps, U.S.N., to Samoa. Miss Mary Humphrey as acting chief nurse and Miss Corinne Anderson were chosen.

The nurses are to lay the foundation of a training school for native women and to assist in caring for the sick members of the American Colony in Samoa.

The scale of intelligence and advance in civilization among the Islanders is conceded to be Filipino, Chomorro, Samoan, with more than a century between the grades. There is no doubt that the nurses will experience real pioneer nursing work, and there will be untold difficulties to surmount, and numerous prejudices to overcome. The result, however, no matter how small, will

mean progress, and it is believed all who appreciate our professional advancement will be interested in the life of these two women in their new field of work.

APPOINTMENTS—Emma L. Hehir, R.N., Connecticut Training School, New Haven, Conn.; Sarah F. Ammen, R.N., St. Vincents Hospital, Norfolk, Va.; Elizabeth Hopkins, R.N., St. Vincents Hospital, Norfolk, Va.; Minnie E. Holtam, City Hospital, Louisville, Ky.; Teresa C. Brennan, Rhode Island Hospital, Providence, R. I.; Miriam F. Ballard, R.N., Pennsylvania Hospital, Philadelphia, Pa.; Marie C. Glindeman, R.N., St. Luke's Hospital, Spokane, Wash.; Adele Scudder, R.N., Gowanda State Hospital, N. Y., post-graduate Buffalo Homeopathic Hospital, N. Y.; Alice H. Ralston, R.N., Pennsylvania Hospital, Philadelphia, Pa., post-graduate course Sloane Maternity Hospital, N. Y.; Charlotte Mac Nally, R.N., Rochester State Hospital, N. Y., post-graduate course Neurological Hospital, N. Y.; Mary A. Long, R.N., Philadelphia General Hospital, Philadelphia, Pa.; Olive I. Riley, R.N., General Hospital, Patterson, N. J.; Jessie E. Van Wormer, R.N., Illinois Training School, Chicago, Ill.; Nancy Lee Brian, R.N., University of Maryland Hospital, Baltimore, Md.; Lucia Dillon Jordan, South Mississippi Hospital, New Orleans, La.; Emily M. Smaling, R.N., Jefferson Medical College Hospital, Phila.; Violet Gass, R. N., Jefferson Medical College Hospital, Philadelphia, Pa.; Bertha Printz, R.N., Columbia & Children's Hospitals, Washington, D. C.; Helen Orchard, R.N., Virginia Hospital, Richmond, Va.; Mary Cordelia Simmons, R.N., Rex Hospital, Raleigh, N. C.; Pearle Smith, R.N., Central Carolina Hospital, Sanford, N. C.

TRANSFERS—Fredricha Braum, from New York, to Guam; Eleanor Gallaher, from Newport, R. I., to Philadelphia, Pa.; Marion Wilson, from Norfolk, Va., to Chelsea, Mass.; Emma L. Hehir, from Washington, D. C., to Norfolk, Va.; Ellen Penna from Washington D. C. to Norfolk Va.; Mary H. Humphrey from Mare Island Cal. to Tutuila, Samoa; Corinne Anderson from Mare Island Cal. to Tutuila Samoa; Grace E. Leonard from Newport, R. I., to Chelsea, Mass.; De Lyla Thorne from Newport, R. I. to Chelsea, Mass.; Marion A. Farquhar, from Washington D. C. to New York N. Y.; Minnie E. Holtam from Washington D. C. to New York N. Y.; Mary H. Wood from Chelsea Mass. to Philadelphia Pa.; Isabella F. Erskine from Chelsea Mass. to Mare Island, Cal.; Isabelle Caldwell from Philadelphia, Pa. to

Mare Island, Cal.; Florence C. Egler, from Newport, R. I., to Chelsea, Mass.; Blanche K. Ferguson, from Washington, D. C., to Chelsea, Mass.; Martha Pringle (Chief Nurse), from Mare Island, to Philadelphia, Pa.; Elsie Brooke from Newport, R. I., to Annapolis, Md.; Anna I. Cole, from Norfolk, Va., to Mare Island, Cal.; Florence T. Milburn (Chief Nurse), from Newport, R. I., to Mare Island; Julia T. Coonan, from Mare Island, Cal., to New York, N. Y.; Theresa Wilkins, from Philadelphia, Pa., to Norfolk, Va.; Mary E. Walsh, from Washington, D. C., to Philadelphia, Pa.; Sara B. Myer, from Norfolk, Va., to New York, N. Y.; Carrie Luppert, from New York, to Chelsea, Mass.; Anna E. Gorham, from Philadelphia, Pa., to Norfolk, Va.; Mollie Detweiler, from Philadelphia, Pa., to Norfolk, Va.; Lucy Keenan, from Washington, D. C., to Philadelphia, Pa.; Margaret Seitz, from Washington, D. C., to Philadelphia, Pa.; Elizabeth Hewitt (Chief Nurse), from New York, to Newport, R. I.; Sadye E. Willoughby, from Newport, R. I., to Mare Island, Cal.; Charlotte Page, from Newport, R. I., to Philadelphia, Pa.; Herma La Roche Moyer, from Newport, R. I., to Philadelphia, Pa.; Mary J. McCloud, from New York, N. Y., to Newport, R. I.; Jean Allan, from New York, N. Y., to Newport, R. I.; Mary P. Leeder, from Philadelphia, Pa., to Norfolk, Va.; Edith Brightbill, from Philadelphia, Pa., to Norfolk, Va.; Emma L. Spatcher, from Chelsea, Mass., to New York, N. Y.; Margaret Boylan, from Chelsea, Mass., to New York, N. Y.; Jessie E. Van Wormer to Mare Island, Cal.; J. Beatrice Bowman (Chief Nurse), from Philadelphia, to Norfolk, Va.; Ada M. Pendleton (Chief Nurse), from Washington, D. C., to Annapolis, Md.; Sara M. Cox (Chief Nurse), from Norfolk, Va., to New York, N. Y.; Adel Scudder, from Washington, D. C., to Annapolis, Md.; Frida Krook, from Norfolk, Va., to Mare Island, Cal.; Charlotte Mac Nally, from Washington, D. C., to Norfolk, Va.; Mary A. Long, from Washington, D. C., to Norfolk, Va.; Olive I. Riley, from Washington, D. C., to Norfolk, Va.

HONORABLE DISCHARGE—Louise M. Pitz, Louise E. Langstaff, Mary M. Ridgway; Chief Nurse, Margaret L. Haas.

RESIGNATIONS—Virginia C. Miller, Emily W. Lomax, Mary E. Keefe, Grace Beane, Jane G. Mooney, Hermine E. Graupner, Mary H. Wood, Eleanor M. Cartwright, Anna W. Parsons, Blanche K. Ferguson.

PROMOTION—Ada M. Pendleton, Chief Nurse; Mary H. Humphrey, Acting Chief Nurse, Tutuila, Samoa.

APPOINTMENTS—Julia M. Madden, R.N., Pittsburgh Hospital, Pa., Markelton Sanatorium, Charge Nurse Colon Hospital, C. Z.; Vittoria Maria Tittoni, R.N., Germantown Hospital, Pa.; Blanche M. Moran, R.N., Grace Hospital, New Haven, Conn.; Beatrice G. Terrill, R.N., Jefferson Hospital, Philadelphia, Pa.; Lillian M. Urch, R.N., Illinois Training School, Chicago, Ill., Charge Nurse, Colon Hospital, C. Z.; Helen A. Russell, R.N., St. Frances Hospital, Kewanee, Ill., post-graduate course, California Hospital, Los Angeles, Charge Nurse, Colon Hospital, C. Z.

REAPPOINTMENT—Clare L. De Ceu, R.N., Buffalo General Hospital, N. Y., Superintendent

Children's Hospital, Buffalo, N. Y., Chief Nurse, U. S. Navy Nurse Corps, Superintendent Children's Hospital, St. Louis, Mo., Night Supervisor, Neurological Hospital, N. Y.

TRANSFERS—Julia M. Madden, R.N., Vittoria M. Tittoni, R.N., Blanche M. Moran, R.N., Beatrice G. Terrill, to Washington, D. C.; Philena P. Cheetham, R.N., to Philadelphia, Pa.; Nancy Lee Brian, R.N., to Newport, R. I.

HONORABLE DISCHARGE—Mary C. Wiggins.

RESIGNATIONS—Mary M. Hickman, Teresa Brennan.

LENAH S. HIGBEE,

Superintendent, Nurse Corps, U.S.N.



National Associations

The three national nursing associations, namely: American Nurses Association, National League of Nursing Education and National Organization of Public Health Nurses, will hold their annual conventions at St. Louis, Mo., April 23 to 29, inclusive. Owing to the length of the tentative programs, space will not permit of their publication in this issue. An unusual feature, however, will be a session to be held on Sunday afternoon, to discuss "The Place of Religion in the Life of a Nurse." Prominent members of the clergy are expected to speak.



Massachusetts

The annual meeting of the Carney Hospital Nurses' Alumnae, Inc., was held Thursday evening, January 29, in that institution. A most cordial reception was accorded the Alumnae by Sister Raphael, superior of Carney Hospital, assisted by Sister Marciana, superintendent of nurses, and Miss Elizabeth Campbell, assistant superintendent of nurses, and members of the training school. The Alumnae assembled in the spacious dining hall, which was beautifully decorated for the occasion. They were greeted by the training school choir of about eighty voices. Thompson's beautiful song, "Golden Years Are Passing By," brought to mind the fact that for half a century Carney Hospital has been ministering to the poor and afflicted. The business meeting of the Alumnae was called to order, and the following officers elected for the year 1914: Miss Anne M. Devanny, president; Miss Abbie Leahy, vice-president; Miss Catherine Ryan, treasurer; Miss Margaret L. Coyne, secretary. Various reports were read and directors and sick committee appointed. A vote of thanks was given the out-going officers, who, during their term of two years, have proved themselves ever faithful. Miss A. M. Devanny, the newly elected president, is supervisor of district nursing in South Boston, where she is well known for her noble and charitable work among the poor. After the

meeting was brought to a close, refreshments were served by the senior class of the school.

One of the notable events of Lincoln's day occurred in the State House, Boston, when the memorial statue to the Massachusetts army nurses of the Civil War, standing at the entrance of the Hall of Flags, was unveiled and presented to the state, amid an outburst of patriotic fervor and sentiment. Miss Dorothy Standish Lewis, granddaughter of Mrs. Ellen Standish Tolman, one of the Massachusetts nurses in the War of the Rebellion, unveiled the statue. Five of the seven surviving nurses who went to the front from this state, headed by Mrs. Fannie T. Hazen, their president, were the guests of honor. Governor Walsh accepted the statue on behalf of the state and Curtis Guild delivered the oration. The statue was sculptured by Bela Pratt and represents two figures in bronze, a woman supporting and comforting a fallen soldier. It is mounted on a pedestal of marble.

The Massachusetts Board of Registration in Dentistry has submitted a report to the Legislature in opposition to the so-called "dental nurse," provision for which is made in a bill now before the Legislature.

Under a ruling which went into effect March 2, all nurses employed by boards of health in Massachusetts are placed under civil service rules. A higher standard in the appointment of nurses is sought by the new arrangement.



Connecticut

The quarterly meeting of the Graduate Nurses Association of Connecticut, was held in Waterbury, Conn., at Mrs. Thorpe's Tea Room, on Wednesday, February 4. The meeting was called to order at 2:30 P.M., the president, Mrs. W. A. Hart, R.N., in the chair. Much business of importance was transacted, and it was at this meeting that the delegate to the American Nurses' Association was appointed. The president, Mrs. Hart, was elected to represent the Association at the convention to be held in St. Louis. Reports from the various committees were read and accepted. The treasurer's report was very gratifying, as it showed a substantial balance in the treasury. The report of the chairman of the membership committee was also accepted, with much interest, as it shows an increase of seventy-two new members since the annual meeting last May. A very dainty luncheon was served the fifty-three nurses present, after which the visiting

nurses were invited to visit the club rooms of the Waterbury nurses.

The monthly meeting of the C. T. S. Alumnae Association was held at the usual time and place on March 5, with a large attendance, and the president, Miss Barron, in the chair; with the exception of the absence of the secretary, Mrs. Wilcox, and the minutes, the routine business was attended to. The nominating committee for officers was voted on as follows: Miss Flang as chairman, assisted by Miss Harty and Mrs. Fleischner. For the delegate to the national convention of the American Nurses' Association at St. Louis in April, Miss Margaret K. Stack was unanimously chosen, with Miss Flang as alternate. A discussion followed, relative to entertaining the next class at graduation, and it was generally conceded that a "tea" following the May alumnae meeting would give the most satisfaction, fostering more sociability and bringing into closer touch the members of the different classes with one another; and it was so voted, with Miss Payne as chairman of the entertaining committee. The meeting then adjourned to April 2.



New York

A hearing on the Seeley-Hoff Nurse Bill, amending the law for the registration of nurses in New York State, was held in Albany on Tuesday, February 17, at 2 P.M., before a joint committee of the Senate and the House. The chief points of change suggested in the bill are the restriction of the term nurse to registered nurses, the insertion of a clause stipulating that the preliminary education be such "as may be required by the rules of the Regents," and the creation of a secretaryship to the Board of Nurse Examiners, with a salary of \$2,500 a year. The attention both of the opposition and of those in favor of the bill was confined for the most part to the effect that would be produced by the restriction of the word "nurse" to registered nurses, though the pros and cons of the educational requirement were also discussed. Opposition came largely from the hospitals, and from the Hospital Conference, a body representing thirty-eight of the largest hospitals in Greater New York, and from Associated Catholic Charities of Long Island. Those in favor were chiefly nurses of the State Association. To be sure, Dr. Downing spoke for the Regents and the Educational Department, but he did little beyond deny that the Regents were influenced in their interpretation of the law by the Nurse Examiners and defend the nurses backing the bill. Dr. Biggs, of the Health Department, also spoke

for the bill, but his defense was along such peculiarly advanced lines that one can hardly regard it seriously. He said the day had passed when the nurse was at the bedside merely to carry out the doctor's orders; that the profession of nursing should be made a distinctive one, which would rank with other professions and not let nurses be considered always as doctors' assistants! Of course, one knows he had in mind the work of the public health nurse in schools, factories and the like, but to put the nurse on a level with the doctor is certainly revolutionary and dangerous. As soon as the nurse ceases to be subservient to the doctor she begins to practise medicine, which is unlawful. In such case she needs the title "doctor," not "nurse." If nursing can only be made a profession on such terms, it must remain a calling, not a profession. Both sides claimed to have the public good at heart. The arguments of those opposed to the bill were largely as follows: 1. To restrict the use of the word "nurse" to registered nurses was to alter the accepted meaning of the word completely and was illegal. 2. So to restrict the word "nurse" was to deprive many women now employed as domestic nurses, experienced nurses and the like of a living, in that the public wanted "nurses" in time of sickness and was not prepared to take "trained attendants" instead, the title meaning much to the public mind. 3. If the partially trained nurse was driven from the field, the public would suffer because nine-tenths of the people cannot afford trained nursing service. 4. While bills providing for the registration of lawyers, doctors, etc., defined these terms and state what the lawyer or doctor must be able to do, the present bill gave no such definition of nursing, nor did it prohibit any one from nursing. It merely forbade the use of the term nurse to any but a small class of specially trained women. 5. The public could only be protected and made cognizant of the kind of nurse it was getting by the registering of all who do nursing for hire, each in an appropriate grade. 6. The present registration law had already put the hospitals to great expense by cutting down the supply of pupil nurses and making necessary the employment of graduate nurses in their place, while the new law bade fair to increase the difficulty. One hospital stated that it had to take in young women with less than the required amount of education and supply the lack at its own expense. Another reported the need of a \$200,000 fund to supply sufficient income to pay for the graduate nursing service made necessary since the passage of the registration law. 7. If the Government should ever call for nurses in time of war,

there would be very few women at liberty to respond. The bill was denounced by some as both selfish and pernicious, aimed solely at conferring power and distinction upon a few nurses.

The defenders of the bill retaliated with a counter accusation of selfishness, based upon the plea of increased expense on the part of the hospitals. The points made by the defence were largely these: 1. The public must be defended from incompetent nursing by having it made clear to them when they are getting a properly trained nurse and when not. Hence the necessity for the restriction of the term "nurse" to such properly trained women and for compulsory registration. 2. Training schools giving a proper training should be protected and all training schools forced to come up to certain standards and register or lose their standing as training schools. Proper training schools for nurses cannot be maintained, it was said, so long as the graduates of correspondence schools are allowed to call themselves nurses. 3. Those who cannot afford to pay the registered nurse for her whole time must use the district nurse or get nursing through some form of insurance, as fully trained care is needed, even where symptoms are apparently slight. 4. Great stress was laid on the need of more highly educated nurses for public health work, and all work along preventive lines. In this connection the claim was made that if conditions in the nursing field were remedied by raising the standards, plenty of women of a better class and more education would enter the training schools, and those of a desirable kind now going to the correspondence schools would enter the regular training schools instead. In general, they claimed to ask only for freedom to develop the best type of nursing and to be allowed to work out their plans according to the very evident needs.

An Act to amend Section 251 of the Public Health Law relative to the regulation of nursing, has been presented to the Legislature by Senator Foley, the Hospital Conference of New York being sponsor for same. The most important part of the amendment is in regard to the board of nurse examiners, and reads as follows: "The board of examiners of nurses appointed pursuant to the laws of 1903, Chapter 293, is abolished. A board of examination and advice to consist of six members is hereby created. Two of the members of the board shall be physicians; two of the members shall be connected with the management or operation of hospitals in this state maintaining a training school, and two of the members of this board

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INSTRUCTORS:

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Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

B. E. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penn. Orth. Institute.
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shall be nurses, graduates of a training school connected with some hospital, who have had not less than five years' experience in their profession. These members shall be appointed by the board of Regents of the University of the State of New York."

The annual meeting of Camp Roosevelt, Spanish-American War Nurses, was held at Mrs. J. W. Taylor's, Thursday, March 12, at 3 P.M. The election of officers resulted in Mrs. Ammerman for chairman; Miss A. M. Charlton, treasurer; Miss C. F. Pierce, secretary. It was voted that the next meeting on April 9, 1914, be held in the evening, 8 P.M., at Mrs. Ammerman's, 148 West 126th Street, New York City. All Spanish-American War nurses are invited.

Graduation exercises of the Mount Sinai Training School for Nurses, New York City, were held at the training school February 17, 1914. Dr. A. W. Scholle, president of the school; ex-Judge Warren W. Foster, and Dr. Nathan E. Brill, chairman of the medical board, spoke. These students received the Murry Guggenheim Scholarships, consisting of \$100 each, for good class work and excellent character: Cora L. Ball, Martha A. Hebb, Eleanor M. Kern, Rose J. Griffith, Beatrice La Boissiere, Helen T. Sisson, Olive M. Andrews, Ella Lipsky, Catherine Sheehan, Florence Breher, Kathleen G. Guest and Matilda S. Joyce. The Betty Loeb prizes, consisting of a bag of instruments, awarded to those who showed the best executive ability in their work, were bestowed on Hilda B. Olsen and Alice T. Mulligan. A scholarship for post-graduate instruction at Columbia University was awarded to Bertha E. Wait.

The commencement exercises of the Class of 1914, of the Erie County Hospital Training School for Nurses, Buffalo, were held February 20. The hall was decorated in the class colors, royal blue and white, and with American flags. The invocation was given by Father Phillips. Miss Marion Dohney Cole sang, accompanied by Prof. Paul Popp. The presentation of the class was made by Dr. H. J. Mulford and the Rev. S. V. V. Holmes, D.D., gave an address. Dr. M. Hartwig presented the diplomas and hospital pins. The class poem was given and Dr. Von Renner sang, accompanied by Professor Popp, and Father Schemel pronounced the benediction, following which a dance was enjoyed from 9.30 until 12.30, and a buffet supper was served. The Class of 1914, is composed of Alice Bell Simpson, A.

Cecelia Dane, Edith Mabelle Beck, Anna Gertrude Smith, Florence Mabel Wright, Anna Grace Cavanaugh, Jessie Mae Schluter, Martha Louise Karsten, Florence M. Coulter, Ethel Constance Quinn, Edith Fern Holmes, Mary E. Masterson, Nellie M. Flannigan and Nena Pearl Virtue.



Pennsylvania

The regular monthly meeting of the Nurses' Alumnae Association of the Woman's Hospital of Philadelphia, was held Wednesday, March 11, at the Philadelphia Club for Graduate Nurses, 1520 Arch Street. The meeting was well attended and two new members were admitted.

After the meeting there was a very interesting talk on the work and aims of the Child Bureau at Washington, D. C., by Miss Duke, who is one of the field inspectors. It was most interesting to hear in detail of the grand work which this bureau of noble workers is doing for the babies and children. The opportunity for nurses to help in this work is very great.

On February 24 a card party was given by Mrs. Albert Entwistle in the name of the Alumnae Association of the Woman's Hospital of Philadelphia for the Night Nurses Fund, of the Visiting Nurses Society, at the Philadelphia Club for Graduate Nurses, 1520 Arch Street. There was a large attendance and the affair was a huge success, both financially and socially. Twenty-five prizes were given and some were really very handsome. After all expenses were paid the Alumnae Association found it had \$53.50, which was gladly received by the Visiting Nurse Society.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday afternoon, March 5, at three o'clock. The president, Miss Clara B. Steinmetz, R.N., presiding. Twenty-two members were present. Miss Montgomery, field secretary of the Philadelphia Club for Graduate Nurses, addressed the nurses. The discourse was very interesting and very much enjoyed by all present.



Tennessee

The annual meeting of the East Tennessee Graduate Nurses' Association was held the second Friday in January, at the Central Registry for the election of officers. The following were elected for the ensuing year: President, Miss Myrtle Edwards; vice-president, Mrs. Elizabeth Minnis; secretary and treasurer, Miss Mary Trigg Jackson. The Association had a very prosperous year in 1913, taking in quite a number of new mem-

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bers. A word of praise may be said for our registrar, who is a very lovely woman, and has the best interests of the nurses at heart, being just and impartial, doing all in her power to promote the welfare of all alike.



Virginia

The State Association of Graduate Nurses held its fourteenth annual meeting on February 5 and 6, in the Chamber of Commerce auditorium, Richmond.



Florida

The second annual convention of the Florida State Graduate Nurses Association was held at Jacksonville, February 26, 27 and 28, with the following program: Thursday, February 26, 9 A.M.—Registration of members and payment of dues for 1914. 10 A.M.—Call to order by President Miss Mary A. Baker, R.N., superintendent of the St. Luke's Hospital; invocation by Rev. Dr. J. B. French, pastor of the First Presbyterian Church; roll call; president's address, Miss Mary A. Baker, R.N.; report of the legislative committee, Miss N. L. Flannagan, R.N., superintendent of the De Soto Sanatorium, Jacksonville; report of the committee on arrangements, Miss A. L. O'Brien, R.N.; 2 P.M.—Address of welcome, I. L. Farris, of Jacksonville, speaker of the house of representatives, of the Florida legislature; response, Miss Irene Foote, R.N., visiting nurse of the Associated Charities of this city; Nursing Work Among the Insane, Dr. Ralph N. Green, of the State Hospital for the Insane, Chattahoochee, Fla.; Report of the chairman of the committee on registration, Miss Anna Davids, R.N.; Nursing of the Great Unwashed (paper), Miss Charlotte Aiken, Detroit, Mich., associate editor of *THE TRAINED NURSE AND HOSPITAL REVIEW*; report of the delegate to the National Nurses' Association, convention held at Atlantic City, N. J., Miss Irene Foote, R.N. 8 P.M.—The Fetish of Disinfection, Dr. H. Hanson, Jacksonville, of the state board of health; paper (subject selected), Miss Mary McKinna, R.N.; paper (selected), Dr. Henry P. Rogers, Jacksonville. Friday, February 27: Paper, District Nurses, Miss Mary O'Conner, R.N., Fall River, Mass.; Central Registration, Miss F. Anderson, R.N., Jacksonville; Nursing Contagious Diseases, Miss Harris, R.N., in charge of the contagious pavilion, St. Luke's Hospital. 2.15 P.M.—Marriage Laws of Florida, Marcus M. Fagg, of Jacksonville, superintendent of the Children's Home Society; What Trained Nurses Stand For, Dr. De Witt Webb, St. Augustine, Fla.; Inspection of Public Schools, Miss

Josephine Rugg, R.N., of Jacksonville, inspecting nurse of public schools; Cooperative Charities, Harriet B. Hall, Jacksonville, R.N., assistant secretary of the Associated Charities. Saturday, February 28: 9.30 A.M.—Paper (selected), Dr. A. D. Stollenwerck, Jacksonville; Paper, Dr. J. V. Freeman (selected), of Jacksonville; Post-Graduate Work (paper), Miss Clara Jacobson, assistant superintendent of De Soto Sanatorium, and late of the Woman's Hospital, of New York. Election of officers, report of secretary, report of treasurer, question box and other business. 3 P.M.—Automobile trip to the Florida Ostrich Farm. 9 P.M.—Banquet at the Hotel Mason. The state board of examiners met in the board of trade auditorium on Wednesday, February 25, for the transaction of such business as was presented for consideration.



Missouri

A. Sidney Johnson, state factory inspector, in a letter to William Anderson, acting hospital commissioner, has demanded that the women nurses and attendants of all city institutions, who under present regulations are required to work twelve hours of each twenty-four, be required to be on duty only nine hours. Compliance with this demand by the factory inspector will cause an additional annual expenditure of city funds of approximately \$42,000, and will increase the present force of nurses and attendants one-third.



Montana

The Lewis and Clarke County Graduate and Registered Nurses' Association held its first regular monthly meeting for the year 1914, on January 7, in the parlors of the Placer Hotel at Helena. The State Board of Examiners for Registered Nurses being in session at the capitol, its members were present as guests of the Association. After the preliminary business had been disposed of, the president, Miss Mary C. Platt, introduced Miss Georgia S. Young, former superintendent of St. Peter's Hospital, Helena, who read a most interesting paper on the inception and growth of that institution, paying a tender and beautiful tribute to the memory of its founder, Henrietta W. Brewer, who died in 1903. This was followed by a talk from Miss Lucy Marshall, president of the State Board of Examiners, who spoke of the work that the board has been trying to accomplish, of the success that had so far attended its efforts, and of the necessity of the loyal cooperation of the local organizations in order to bring about the full measure of efficiency. Miss Bohart



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also a member of the examining board, told of efforts which had been made to install a district nurse in Bozeman, and of the various questions of maintenance, supervision and field of work which had arisen during the discussion of the project, after which Miss M. M. Hughes, secretary-treasurer of the state board, read a most interesting paper by Dr. Lee Frankel, on the subject of "Insurance Nursing," presenting a clear and concise view of this new field. Miss M. M. Hughes left Helena, Mont., for Boston, Mass., a short time ago, where she will take a course in public health nursing, including school and district nursing, social service work and baby welfare work. These are topics which are now widely discussed in Montana, especially the subject of "School Nursing," is now very much before the boards of health, school boards and the medical and nursing professions. A very interesting and beneficial paper on the subject of "School Nursing" was read by Miss Hughes at the February meeting of the Lewis and Clarke County Association of Helena.



California

The San Francisco County Medical Society gave over its regular February meeting to an open discussion of the situation which has been brought about by the eight-hour law for women in its application to hospital nurses. The law is now being contested in the Federal courts. Representatives of nearly every hospital in San Francisco and the bay cities were present; there was also a large representation of nurses. The general sentiment was that of opposition to the law. The programme for the evening consisted of talks upon the subject of the eight-hour law by Drs. W. R. Dorr, Harry M. Sherman, F. W. Birtch and Misses Annie C. Jamne, S. L. Rutley, Gertrude Courtright, S. C. Olmsted and Mary L. Sweeney. There was also general discussion.



MISSOURI

STATE BOARD EXAMINATION (June, 1913)

Medical Nursing—1. What is tuberculosis? State the cause and mention some varieties of the disease. 2. By what channels may the germ of tuberculosis enter the body? How would you arrange for the care of a tuberculosis patient in a home in the city, in the country? 3. How would hemorrhage from the lungs be distinguished from hemorrhage from the stomach? 4. Name five points that a nurse should note in taking pulse. 5. Name three diseases in which a patient is especially liable to bed sores, give in detail the preventive treatment. 6. What care would you give the mouth of a typhoid fever patient, why is this care so important? 7. Define crisis and lysis. 8. Define Peyer's patches,

where are they found and in what disease? 9. State the first aid treatment you would give for burns. 10. What symptoms would you watch for in a patient for whom the physician feared acute nephritis?

Nursing of the Insane. 1. Name some conditions of the eyes that indicate mental disturbance. 2. What special points would you observe in restraining patients? 3. (a) If a patient suffering from even a slight accident developed an over alert excited expression, what would you be on the watch for? (b) Why? 4. What form of delirium is most common in typhoid? 5. Give reasons why occupation and entertainment are useful aids to recovery in mental disorders.

Anatomy and Physiology—(Rating ten out of fourteen questions.) 1. (a) Define anatomy. (b) Gross anatomy. (c) Physiology. (d) Histology. 2. (a) What is a cell? (b) What is protoplasm? (c) What are the characteristics of protoplasm? (d) What is oxidation? 3. (a) What is tissue? (b) What is an organ? (c) Classify tissues. 4. Give an example of each kind of tissue and tell where found. 5. (a) What is bone? (b) What is the composition of bone? (c) Name the covering of the bone and tell its function. (d) What lines the canals of bones? (e) Classify bones. 6. (a) Describe two bones, giving articulation and principal processes. (b) Name the different kind of joints, give an example of each. 7. What are glands? Give varieties of and example of each. 8. (a) Classify muscle tissue and tell where each class is found. (b) Describe muscle of your own choosing, give origin, insertion and function. 9. (a) Describe the heart as to tissue, size, cavities, valves and location in thorax. (b) What vessels leave the heart, which side of the heart, and what kind of blood do they carry? (c) What vessels enter the heart, which side of the heart and what kind of blood do they carry? 10. (a) What is blood? (b) What is its composition? (c) What causes the blood to clot and what is the value of this property? 11. Through what arteries does the blood flow from the subclavians to the fingers? 12. (a) Describe briefly the larynx, the trachea, the lungs. (b) What is external respiration? (c) What is internal respiration? 13. (a) Name the different parts of the alimentary canal in their order. (b) What are mucous membranes, and where found. (c) What are serous membranes. (d) Name the serous membranes proper. 14. (a) What is the cerebro spinal axis. (b) What is the sympathetic system?

Genito Urinary Nursing—(For male nurses). 1. What is prostatectomy? 2. Give the after care of a case of phimosis. 3. Describe the irrigation in a case of cystitis. 4. Give some results of carelessness in catheterization. 5. What is the difference between retention and suppression of urine? 6. What is gonorrhea. What specific germ causes it, and what special precautions should be observed in the nursing care of it? 7. What is syphilis? Name the germ which produces it, name the three stages and the period of incubation.

Nursing of Children—(Rating of ten out of thirteen). 1. Give some of the causes of the great mortality in infants. 2. Name the three

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stages of measles, and give symptoms of first stage. 3. What special care should be given a child with measles, what precautions should be taken with reference to the room. 4. State in detail how you would give an enema to a baby. 5. What is ophthalmia neonatorum? State the cause and proper nursing care. 6. Mention three characteristic points in the appearance of a child suffering from pneumonia. 7. Mention a startling symptom that may appear in a child after improper feeding and give the most important point in the immediate nursing care of the child when such symptom appears. 8. Tell how you would obtain a specimen of urine from an infant. 9. At what age should the fontanelles close? 10. Give the average table of eruption of the temporary teeth. 11. Mention the diseases which are likely to affect the teeth, and state in what way they are affected. 12. Name three contagious diseases most common among children, what symptoms in each will you first see? Give time of incubation of each. 13. How should a nurse disinfect herself after caring for a case of contagious disease?



Personal

Miss Luella McAlpine, a graduate of Columbia Hospital, Pittsburgh, Pa., and for some time superintendent of the Greeley (Colo.) Hospital, is now happily located in charge of the nursing of the Bocas Del Toro (Panama) Hospital. The hospital is owned by the United Fruit Company, which has numerous stations in the tropics. The hospital is located on an island, thirteen miles from mainland, about sixty miles from Costa Rica. Miss McAlpine writes that the hospital is beautifully situated amid a great profusion of tropical shrubbery and is splendidly equipped. They have perpetual summer, the only change being from the wet to the dry season. The hospital work is much the same as hospital work elsewhere, except that they have more malaria. The Bocas Del Toro Hospital is only one of many hospitals and dispensaries operated at different points by the United Fruit Company to care for the 65,000 employees and their families in Central and South America and the West Indies. The gratifying result of their thorough medical organization, is shown in the fact that during the year 1913, not a single case of quarantinable disease occurred in connection with their work, or on any steamship of the company.

Miss Myrtle B. McClelland, a trained nurse of Louisville, Ky., who has been visiting in Porto Rico, since last November, expects to return home this month.

Miss Gertrude B. Johns, Altoona, Pa., a graduate of the West Penn Hospital, Pittsburgh, Pa., post-graduate of Neurological Institute, New York, N. Y., also a graduate of the Pennsylvania

Orthopedic Institute, Philadelphia, has been engaged to teach massage to the nurses in training at the Altoona Hospital, Altoona, Pa.

Miss Nora F. McMahon, Atlanta, Ga., a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, has been placed in charge of the mechanical department at Hampton Sanatorium, Hampton Springs, Fla.

The Phipps Psychiatric Clinic of Johns Hopkins Hospital, Baltimore, has engaged two additional graduates of the Pennsylvania Orthopedic Institute, Philadelphia, for its mechanical and hydiatic departments, Miss Katherine Hoffmann, formerly of Walla Walla, Wash., also a graduate of the Elsworth Hospital, St. Joseph, Mo., and Mr. Jeremiah T. Minahan, of Philadelphia.

Miss Lillian L. Bamforth and Mr. William R. Dittmar, both of the Nurses Training School, State Hospital, Norristown, Pa., and both graduates of the Pennsylvania Orthopedic Institute, Philadelphia, have been placed in charge of the hydiatic departments at the State Hospital, Norristown, Pa.

Miss Astrid Hofseth, R.N., a graduate of the Milwaukee County Hospital, Milwaukee, Wis., formerly superintendent of the Willamette Hospital, Salem, Ore., has accepted the position as superintendent of the Toumey Hospital, Sumter, S. C., and has commenced her duties there.

Miss Leah Learn, R.N., graduate of the State Hospital, Class of 1910, Scranton, Pa., and post-graduate of General Memorial Hospital, New York City, has accepted a Government position on an Indian reservation at Fort Defiance, Ariz.



Married

On February 17, 1914, at Mobile, Ala., Miss Annie Trautman to Mr. William L. Fey.

On February 17, 1914, in St. Cecelia's Church, Boston, Mass., Miss Mary Elizabeth Joyce, graduate of the Boston City Hospital Nurse School, to Thomas M. Nary. Mr. and Mrs. Nary will make their home at Charlestown, Mass.

On January 19, 1914, Miss Jennie Pearl Stocks, graduate of the Kings Daughters Hospital Nurse School, Class of 1913, Greenville, Miss., to Mr. Thomas Worthington.

On January 19, 1914, Miss Maider Moore, graduate of the Kings Daughters Hospital Nurse

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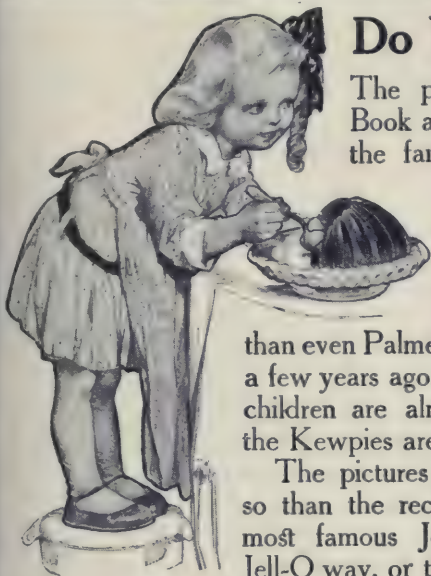
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School, Class of 1913, of Greenville, Miss., to Mr. Thomas Worthington.

On February 4, 1914, at the residence of the bride's sister, Mrs. Percy A. Slannon, Brockton, Mass., Miss Rachel Simpson, graduate of the Long Island Hospital Nurse School, Boston, to Mr. A. Roland Crowe. Mr. and Mrs. Crowe will make their home at Mattapan, Mass.

On February 16, 1914, at Utica, N. Y., Miss Violet D. Orvis to Mr. Lloyd Kohler, of Montreal. Mr. and Mrs. Kohler will make their home in Montreal.

On January 28, 1914, at Philadelphia, Pa., Miss Katherine Doyle to Mr. William H. Hennessy. Mr. and Mrs. Hennessy will reside in Philadelphia.

On February 24, 1914, at Kalamazoo, Mich., Florence M. Lee, Class of 1903, University of Michigan, to William H. Birch, of Detroit, Mich. Mr. and Mrs. Birch will reside in Detroit.

On November 11, 1913, at Helena, Mont., Joan Nicholson, Class of 1912, St. Johns Hospital Training School, Helena, Mont., to Charles Ray. Mr. and Mrs. Ray will reside in Toston, Mont.

On December 15, 1913, at Helena, Mont., Miss Edith Daniels, graduate of the Dalles Hospital, The Dalles, Ore., Class of 1910, to Mr. Edgar Jones, of Toston, Mont.

On February 17, 1914, at Birmingham, Ala., Miss Beatrice Tait, assistant superintendent of the South Highland Infirmary, to Mr. J. C. Michael. Mr. & Mrs. Michael will make their home in Denver, Colo.

On January 7, 1914, at St. Mary's Church, Tipton, Iowa, Miss Susan Engeldinger, R.N., Class of 1905, S. U. I. H. H., to James Burk, of Mechanicsville, Iowa. Mr. and Mrs. Burk will reside at Parkers Prairie, Minn.

On February 24, 1914, at Aledo, Ill., Miss Uella V. Haas, graduate of Monmouth Hospital Training School, Ill., Class of 1912, to Mr. Vern W. Lunn. Mr. and Mrs. Lunn will make their home in Millersburg, Ill.



Births

On February 2, 1914, to Mr. and Mrs. Arthur

Edwards, of Smithshire, Ill., a daughter. Died February 9, 1914. Mrs. Edwards is a graduate of Monmouth (Ill.) Hospital Training School, Class of 1907.



Deaths

Miss Margaret Glynn, a graduate of the Buffalo Hospital of the Sisters of Charity, passed away February 15, 1914, at her home in Buffalo.

Miss Glynn was a woman of sterling character, and her untimely death has caused profound sorrow among her many friends and especially among the physicians and nurses with whom she worked. The numerous patients for whom she has cared and to whom she always brought comfort and sunshine will remember her with gratitude and affection. She was a faithful and devoted daughter and leaves an aged father and mother, besides a brother, Mr. Evan Glynn, of Chicago, Ill., and a sister, Mrs. May Osgood, of Buffalo. Always generous and self-sacrificing, Miss Glynn gave herself absolutely to her profession and to the care of those whom she loved. Her life was one of continuous self-sacrifice, and she will always be remembered as a noble and beautiful woman.

On February 8, 1914, Miss Nellie Cleaver, a trained nurse in the infirmary of the Southwestern State Normal School, California, Pa. Miss Cleaver's death was due to diphtheria contracted from a patient.

On January 22, 1914, at Troy, N. Y., Miss Alice Rainey, a pupil nurse at the Troy Hospital. Miss Rainey's death was due to pneumonia.

On February 22, 1914, at Flushing, N. Y., Miss Margaret Beer, a nurse in training at the Flushing Hospital.

On February 15, 1914, at the Robert Paker Hospital, Miss Edith O. Skog, a pupil nurse at that institution. Miss Skog's death followed a four weeks' illness with typhoid fever.

On February 15, 1914, at Dobbs Ferry, Miss Jane Thompson, matron at the New York Juvenile Asylum.

On February 25, 1914, at Champaign, Ill., Miss Ona Reno. Miss Reno's death was due to scarlet fever contracted from a patient.

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Nurses' Outfitting Association

Last month you were told about the Nurses' Outfitting Association, their beginning and what they did with nurses' dresses. That is only a part of their work.

The Nurses' Outfitting Association evolved new collars of special cut, that looked high, but gave the neck air and free play. The torture-binding collars were a thing of the past.

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The hospital garment department makes operating gowns of numerous shapes, for doctors as well as nurses; contagion gowns and caps of all descriptions, and white suits for doctors and internes. At the request of the city government, the Association made and designed all their special garments for nurses and doctors. For numberless hospitals throughout the country, they have designed complete new outfits.



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Miss M. E. Joyce, Nurse, of Fall River, Mass., says: "In preparing maternity outfits I always recommend Comfort Powder to my patients. I find it very soothing and healing and admire the antiseptic qualities it contains. You get no sickening odor from Comfort Powder, as you do from perfumed powders, which often suffocate the young infant. I always insist on my patients using Comfort Powder on young infants while in my charge. I also use Comfort Powder with splendid results for bed sores. One patient, confined to her bed for twelve weeks, was entirely free from bed sores by the constant application of Comfort Powder. I cannot say too much in its praise.



H. W. Johns-Manville Co.

The necessity for larger space and better facilities to handle their increased business compelled the Indianapolis, Ind., and Louisville, Ky., branches of the H. W. Johns-Manville Company to seek larger quarters. The new address of the Indianapolis branch is 408-410 North Capitol Avenue, that of the Louisville branch 659-661 South Fourth Avenue. Both of these branches will include ample warehouse accommodations, in addition to showrooms for the display and sale of this firm's varied line of asbestos roofing, pipe coverings, insulating materials, lighting fixtures, automobile accessories, etc. In connection with

the last-named line, unusual pains have been taken in the equipment of service departments for the benefit of the customers who desire speedy adjustments, repairs or replacements.



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Have you sent for sample of Evans' Antiseptic Throat Pastilles? If not, do so. They are endorsed by the leading singers and lecturers of the day, as well as by the most prominent English physicians. Sent post care to Evans Sons, Lescher & Webb, 92 William Street, New York City.



Letter to the Editor

As director of a School of Medical Gymnastics and Massage, the best opportunity is offered me in regard to watching the progress of Massage and Therapeutic Gymnastics in the Eastern States. When I arrived in New York in 1896, I became right away connected with the largest hospitals in the capacity of teacher at the nurses' training schools. Massage was then almost exclusively confined to the wealthy class, which used it in a general way as a toning up of the system in nervous prostration and in convalescent conditions. As beautifying and reducing massage it was highly estimated and extremely used. At that time it was not employed at any clinic and a masseuse was employed by the hour. At the present day almost all hospitals in New York City have a masseuse or a masseur or many of them, in connection with their Out-Patient Department. Massage and passive movements has gained a high reputation as treatment for post-operative conditions and for the stiffness left after fractures, etc. Several of the clinics where the students from School of Medical Gymnastics and Massage work treat from twenty to thirty or more cases a day. Ward patients, as well as private patients are treated for the most diverse conditions. Many doctors employ a masseuse or masseur at their office and patients often arrange for a masseuse to stay at their house.

If the progress in the next fifteen to eighteen years will continue as it has begun, we will soon be ahead of Scandinavia in regard to the work done in massage and medical gymnastics in this country. Very truly yours,

GUDRUN FRIIS-HOLM, M.D.

61 East 86th Street, New York City.



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is the proper cleaning material to use in order to obtain such conditions may be a new idea.

Let us explain. Wyandotte Sanitary Cleaner and Cleanser is a sanitary washing material. Sanitary because it contains no organic ingredients, because it contains no poisons or preservatives, and because it is an easy rinser. It is sanitary also because it has cleaning properties far beyond the ordinary, and does its work so thoroughly and permits of such perfect removal of all objectionable matter that nothing short of sanitary conditions remain where it is used.

But its good qualities do not end here, for it is positively harmless both to the hands and to the thing cleaned. Consequently it is peculiarly adapted to the demands of thorough cleaning such as tubercular conditions demand.

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about their personal appearance, a good deal of which depends upon their uniforms.

And there is no reason why any trained nurse should not have the best of uniforms for the simple reason that she can buy the best of uniforms ready-made, that are perfectly tailored in every little detail, of excellent line and cut, at a price lower than she can secure them for, by first searching for the correct material and then taking it to a dressmaker who may or may not satisfy her.

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Nurses' registries are as necessary in the nursing field as are the clearing houses in the banking business. A plant out of place is a weed, and a good nurse misplaced is usually a failure. The Aznoe's Central Registry for Nurses, of Chicago, has the newest and best card index available. All the essential qualifications of the candidates are shown at a glance. The wide range of our work and its steadily increasing volume may serve to indicate the measure we can offer to graduate nurses and hospitals, as well, the best registry services to be found in this country. If you are interested in securing a nurse in any department of your hospital write us. If you are interested in securing a hospital position anywhere in the world, write for our free booklet today.

Your Teeth

We all know that "an ounce of prevention is worth a pound of cure." Then why not apply that principle to the care of the teeth? Don't neglect them, so that it will be necessary to spend a large sum of money having them filled and treated. It is far better to protect them. Burrill's Tooth Powder will protect them by cleansing properly. It is efficient, economical and pleasing to use.

Prove it for yourself and the good of your teeth by writing today to the New England Laboratory Company, Lynn, Mass., for a free sample.



Graduation Report

At the recent graduation exercises at the Pennsylvania Orthopædic Institute, Philadelphia, Pa., the following graduates received their diplomas: Miss Edith Mayou, Illinois Training School for Nurses; Miss Katherine Hoffmann, R.N., Ensworth Hospital, St. Joseph, Mo.; Miss Pattie Armour, Toronto, Canada; Mrs. Jennie B. Nunn, Bergen County Hospital, Mt. Holly, N. J.; Miss M. Elmina Shinkel, R.N., Marietta Phelps Hospital, Macomb, Ill.; Mr. Andrew M. Englert, Mr. Francis E. Boerke, Brooklyn, N. Y.; Mr. Jeremiah T. Minahan; Miss Bertha C. Mayr; Miss Nan A. Keegan, Atlantic City Hospital, Atlantic City, N. J.; Miss C. E. Violet Kuhn. The following students graduated in the Swedish System of Massage, Medical and Orthopædic Gymnastics: Miss Elizabeth W. Kite, Mrs. Roberta W. Steele; Mrs. Minta Freemann, Maternity Hospital, Philadelphia, Pa.; Effie C. Paul, M.D., Women's Medical College of Philadelphia, also a graduate in electro-therapy. Diplomas in hydro-therapy were awarded to Miss Lillian L. Bamforth and Mr. William R. Dittmar, both of Nurses' Training School, State Hospital, Norristown, Pa.

The second section of the winter class opens in March 18, and the spring class on May 20. Application for admission should be made to the superintendent, Max J. Walter, M.D., 1711 Green Street, Philadelphia, Pa.



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Table of Contents

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	PAGE
THE FUNCTIONS OF THE NURSE IN NERVOUS DISORDERS..... <i>J. W. Courtney, M. D.</i>	263
THE MAKING OF A NURSE TEACHER..... <i>Charlotte A. Aikens</i>	269
AUTO-INTOXICATION..... <i>J. Francis White, M.D.</i>	272
VERTIGO..... <i>Anne E. Perkins, M.D.</i>	275
EASTER TRIUMPH..... <i>Katherine Cooke</i>	276
THE NURSING OF CHILDREN..... <i>Minnie Goodnow, R.N., and Zula Pasley, R.N.</i>	279
THE BOOK AND THE NURSE..... <i>Miriam E. Carey</i>	285
PREVENTION OF THE SPREADING OF TUBERCULOSIS..... <i>Emily H. Rowland</i>	287
DEPARTMENT OF PUBLIC WELFARE.....	290
GLEANINGS FROM MEDICAL LITERATURE.....	293
EDITORIALLY SPEAKING.....	295
THE HOSPITAL REVIEW.....	299
THE EDITOR'S LETTER-BOX.....	305
IN THE NURSING WORLD.....	307
NEW REMEDIES AND APPLIANCES.....	320
THE PUBLISHER'S DESK.....	326

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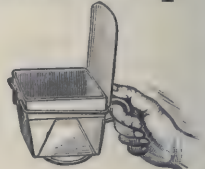
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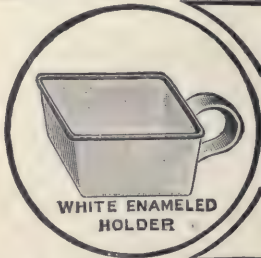
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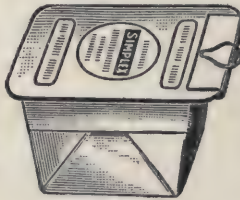
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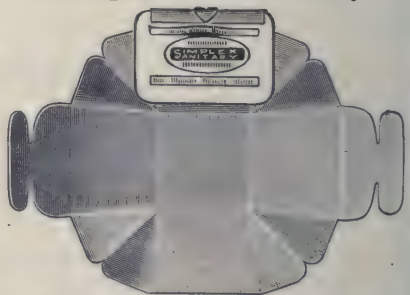


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Free Samples Sent on Request to Sanatoriums and Hospitals

The Trained Nurse and Hospital Review

VOL. LII.

NEW YORK, MAY, 1914

No. 5

The Functions of the Nurse in Nervous Disorders*

J. W. COURTNEY, M.D.

Boston

IT is a great pleasure for me to have this opportunity to address an intelligent body of young women whose chosen vocation is the care of the sick. The majority of you may have no intention of confining your ministrations to sufferers from nervous disorders, but I assure you with emphasis that the nervous system influences profoundly the course of every disease at every period of life, from infancy to old age.

It would make far too long a story to exemplify this statement in detail. I will, however, call to your attention the fact that when the cutting of teeth or the onset of one of the eruptive diseases, such as measles or scarlet fever, is ushered in by convulsions, one may safely ascribe these stormy manifestations to a bad nervous heredity. Likewise, in the other extreme of life, when a rapidly fatal issue follows upon the receipt of some minor physical injury—such as a burn of limited extent—death is not to be traced to the injury but to the nervous system, overwhelmed by shock.

The nervous system is rightly termed the master-tissue of the body. Respiration, circulation, digestion, excretion, sensation and

motion—in fact, all the bodily functions are directly governed by it. And at the same time the higher and infinitely more complex processes, such as thinking and feeling, are equally under its domination.

With these facts before you, it will require no extended explanation on my part to make it clear that nervous diseases are bound to occasion a disturbance—partial or complete—in one or more of the functions, physical or mental, just enumerated.

A blow upon the head, a sunstroke, an apoplectic seizure, a tumor of the brain or a meningitis may quickly render a previously vigorous person more helpless than a newborn infant. In many such cases, however, the destroying hand of disease works but slowly, and, in the process, often transforms its victims into creatures more filthy than swine. It is neither a pleasant nor an easy task to care for such unfortunates, but those of you whose trained services are enlisted should never for a moment forget that, after all, you are dealing with God's creatures, and the thought should serve to stimulate you to put forth your best endeavors.

In the presence of a patient whose consciousness is disturbed, you should never by any chance express aloud your opinion as to

*Lecture delivered in the Carney Hospital Training School for Nurses. Contributed to THE TRAINED NURSE AND HOSPITAL REVIEW.

how badly off you think this patient is. It is one of the most difficult things in the world to determine at what point of unconsciousness such expressions may be used without adding immensely to the patient's suffering.

Generation after generation of nurses has had it dinned into its ears that the greatest precaution should be exercised in the application of external heat to unconscious patients, and yet the physician is constantly encountering severe, extensive and intractable burns produced in this way. A nurse who is guilty of such gross carelessness should consider herself forever after disgraced.

In addition to these negative indications, there are certain positive ones for your guidance in the care of the unconscious. Where consciousness is only partly clouded, both urine and feces are very apt to get beyond the patient's control. You should, therefore, be constantly on the alert for such accidents and see to it that both the clothing of the bed and of the patient are properly protected. If the loss of consciousness is complete, retention is apt to follow, and under these conditions the bladder and rectum as well must be emptied mechanically at proper intervals.

Strict attention should also be paid to the condition of eyes and mouth. If, as is commonly the case in the unconsciousness following head injuries, the eyelids tend to get purulent and sticky, they should frequently be bathed with some mildly astringent lotion. At the same time the teeth and the cavity of the mouth should be swabbed with an alkaline antiseptic.

This same class of patients is very apt to perspire freely, and unless the body is frequently dried and the linen changed, not only the patient and the bed, but also the entire sick-chamber, are apt to become foul-smelling. The changes indicated must be made with the least possible exposure of the patient. And right here let me caution you

that a patient who is delirious but not paralyzed should never for a moment be left alone. The distressing accidents which only too frequently happen in such a case invariably occur when the nurse has "just stepped out of the room for a moment."

There is still another class of patients with organic nervous disorders, whose sufferings can be lessened to an even greater extent by intelligent nursing. I refer to the victims of sub-acute or chronic diseases of the brain, spinal cord or peripheral nerves, or of a combination of any two of these varieties. Patients of this class may be acutely conscious of their sufferings and yet be insensitive to the passage of urine and feces, to local pressure or to the application of external heat. Such people must never be permitted to lie upon a sheet that is rough or wrinkled or soaked with urine and soiled with feces. Neglect of this rule will inevitably lead to a formidable bed sore, which may take months to heal or become the port of entry for germs which may cause a fatal toxemia. These facts clearly indicate that in cases of this sort the skin over the buttocks and lower back should be bathed frequently, rubbed gently with alcohol and protected by an antiseptic talc.

With regard to the application of external heat, bear in mind always that the skin over a limb which is exquisitely painful may be absolutely without feeling. The application of a hot-water bag to such a limb may be productive of great comfort, but in applying it you must use the same precautions as in the case of the unconscious person. Otherwise you will run a great risk of committing the unpardonable sin of inflicting a serious burn.

Patients who have had to lie flat on their backs for long periods of time experience great discomfort in the legs, which comes in part from the fact that, in this position, the great sciatic nerves which run the entire length of the lower extremities, are put constantly on the stretch. A pillow placed

under the bend of the knees will do much to lessen the discomfort. If the nerve trunks are not acutely tender, frequent gentle massage of the extremities and back also serves to relieve the weariness and pain of the bedridden.

On the whole, such people are wonderfully patient, sweet-tempered and resigned, and if a nurse is thoroughly and conscientiously attentive to their bodily needs, no special tact is required on her part to get along with them.

In the last-named class a nurse who is capable of careful observation may be of very great service to the physician in his endeavor to localize accurately the site of the disorder. A single example should serve to make this point clear: Let us suppose that the patient has certain symptoms strongly suggestive of brain tumor—namely, headache, vomiting and choking of the optic disks. From these signs alone the physician cannot possibly locate the position of the growth. But let us further suppose that from time to time, as not infrequently happens, the patient has a convulsive seizure which is not general at the outset, but begins with the turning of the head and eyes in a certain *constant* direction; with the cramping of the fingers of one or the other hand into the palm, or with the sudden, spasmodic jerking of one of the lower extremities. Now, if the nurse has her wits about her and notes carefully just where and in what way each seizure starts and just how it develops, the chances of exact localization on the part of the physician are vastly increased. In like manner, close observation on the part of the nurse may lead to detection of the situation of a blood-clot or a lacerated area in the brain following a blow upon the head.

We come now to the consideration of the second and final class of nervous sufferers, namely, the victims of so-called functional nervous disorders. Here the situation, so far as the nurse is concerned, is very different. To cope with this class successfully,

she must have such qualifications as insight, knowledge of human nature, tact, judgment and patience developed to the highest possible degree, for in very many cases it is not a question of managing the patient alone, but the entire household as well.

Presently, I shall dwell at greater length on this point, but before I come to it I want to clear up certain long-existing misconceptions with regard to the nature and meaning of the nervous disorders now under consideration.

For no good reason the average physician harbors the notion that because the general run of people suffering from nervous prostration have no discoverable organic disease, there is nothing the matter with them beyond what they imagine and what is entirely within their control.

I know of no medical fallacy that has brought more hardship upon the sick and suffering. Physiology teaches us that the nervous system is the great dynamo that runs the entire human machine. Nervous force may accurately be likened to the electric spark that explodes the vaporized gasoline in the cylinders of the automobile and furnishes it with power and motion. And you all know that without this spark the most beautifully constructed and equipped automobile is as incapable of motion as the rock of Gibraltar. You also know that a car whose engine is composed of multiple cylinders cannot be made to develop its full power and motion unless all the component cylinders are working harmoniously.

In the human system practically the same conditions obtain. Without the vital spark furnished by the nervous system, the most strongly built and vigorous-looking individual is as lacking in energy as a lump of clay. And with a lessened or interrupted supply of this spark, the same individual travels haltingly and with effort along the road of life.

If any of you here present chance to harbor the idea that persons thus afflicted are wholly the victims of their imaginations,

banish it now and forever from your minds. By this simple act you will at once enhance your qualifications to care for the nervously sick, to a marked degree.

In such sufferers a distorted imagination is, in great part, an effect rather than a cause of their discomfort. They are not versed in anatomy, physiology and pathology. Can you wonder, then, when their hearts beat to suffocation, cold sweat oozes from every pore and their limbs sink under them, that their minds are immediately overwhelmed with the idea that death is imminent? Can you wonder that a limb which constantly goes to sleep—as the saying is—fills them with the awful fear of a paralytic stroke; that the pain and bloating which often accompany the whole process of digestion suggest serious stomach trouble, or that the lumps which sometimes appear in a breast before the menstrual period inspires the sickening dread of cancer?

I could easily cite various other good reasons why the patient's imagination so frequently runs riot, to the detriment both of the peace of mind and of the bodily welfare, but the above should suffice.

Before I leave this subject, however, I want to make clear to you some of the ways by which this detrimental emotional reaction manifests itself and to point out the channels through which it acts. Let us suppose the case of a hysterical patient who has accidentally discovered a lump in her breast. Immediately the idea of cancer enters her mind. From the idea to the emotion which we call terror the transition is swift. Now, directly this emotion is aroused, there take place in the body through the medium of the sympathetic nervous system, numerous rapidly succeeding changes. The blood is, to a certain extent, withdrawn from the brain, and a feeling of faintness comes on. Then follows, through the same system of nerves, a paling of the face, a sensation of choking—due to spasm of the esophagus and larynx—a quick-

ening of the respiration and heart-beat, an outpouring of perspiration, a trembling and weakness of the limbs, a complete stoppage of the digestive function, a feeling of chilliness and even, in certain cases, a general convulsive movement of the body, which may last for many minutes, and be followed by the voidance of a large quantity of colorless urine and by muscular contracture of an entire limb. You will agree, I think, that there is very little of the pleasurable in such a person's "imagination" or emotions.

A knowledge of all these facts puts you in a position to undertake the care of a case of nervous prostration with an intelligent appreciation of the nature of the task before you. I have already hinted at the difficulties with which the nursing of such a case bristles; I will now go into particulars with regard to these difficulties.

In the great majority of cases the patient's family has absolutely no idea of the torment of mind and body which nervous exhaustion entails. If the sufferer chances to be a woman and the trouble has gone for any length of time, you will find the household undecided as to whether she is a subject for chastisement or for anxious solicitude.

Let us leave the family for a moment and consider your reception by the patient herself. You will probably find her in bed in a quiet and more or less darkened room. The first things she will observe about you are the way you walk, the touch of your hand, the expression of your face and your manner of speaking. If your footfall is quiet, your hand gentle and warm, your countenance cheerful and your voice well-modulated, you may feel sure that you have gone a long way toward winning her confidence.

As soon as you have gained this confidence you can, with a little tact and discretion, bring harmony into the household. You can make the family understand that the patient is [not] going through [the torture of exhausted nerves for the pleasure of it. And once you have got this idea firmly fixed

in their minds you can soon get each and every one to do his share in the work of restoration. Above all, you must impress upon everybody the necessity of keeping away from the sick chamber.

Your actual duties in caring for the patient are twofold. You must do everything you can to favor the upbuilding of her nervous energy, and at the same time take every precaution to prevent the dissipation of accumulated energy through emotional storms. To succeed in the first of these tasks you must attend carefully to the bodily needs of the patient. If she is taking an absolute rest cure, you must keep her bed tidy and the sheets free from wrinkles. Several times during the day she should be properly protected from cold and the windows widely opened. While this airing-out process is going on she should be encouraged to practise deep breathing.

The tendency of nervous invalids is to grow careless of their personal appearance. This tendency you should seek to discourage in every possible way. The patient's hair and nails should be carefully looked after and her night-dress frequently changed. I would even go so far as to say that a smart-looking bed jacket imparts a certain moral stimulus to recovery. Bathing of the patient should be accomplished with the least possible exposure of the body surface. If it is followed by the slightest feeling of chilliness a hot-water bottle should be placed to the feet and gentle friction of the skin practised for a few minutes.

There is nothing that spoils a nervous invalid's appetite more quickly than the sight of badly cooked food, sloppily served. Never lose sight of this or the further fact that it is upon food that the physician depends very largely for the upbuilding of nervous energy. Hence, you must invariably see to it that the tray you bring to the sick-chamber is as attractive as it can be made.

There is nothing in the world more irk-

some than an enforced stay in bed of long duration. Its tediousness can, however, be lessened if the pillows and bed-clothing are always nicely arranged and the sufferer's limbs and back are given an occasional firm but gentle rub with a warm hand.

Even if you attend conscientiously to all the duties I have indicated, there will still remain a considerable period of unemployed time each day during the patient's waking hours. Pray don't occupy this time in talking about yourself or your affairs, and never, by any chance, seek to entertain by relating the details of other cases you may have nursed. Garrulity in a nurse is an abominable thing, no matter what topics she may select to talk about. And a nurse who, during the conduct of a case takes the time from her patient to hold long conversations with friends over the telephone is a pest in any household.

You should endeavor in every possible way to keep from the patient's ears all echoes from what may be going on in the home. She should be shielded from news of the illness of others, from knowledge of friction in the household management, and many other matters which, if allowed to come to her attention, she is bound to worry and fret over and thus dissipate, in an amazingly short space of time, all her laboriously accumulated nervous energy.

When convalescence is sufficiently established to enable your patient to get out of doors, you should redouble your watchfulness of her. Her first few excursions in the open are bound to be exhausting, and should therefore be brief. On her return she should be made to lie down and relax completely. When she is somewhat rested, a small amount of light but nourishing food should be given her. Later on, when increasing strength permits a more protracted stay out of doors, you can easily tell the approach of exhaustion by watching the patient's color and noting her pulse. If the former begins to fade and the latter to run

up markedly, the walk or ride should be brought to an end at once.

I regret that I have not had the time to go into all the details of management, either during the height of the patient's disorder or during convalescence, but I shall be satisfied if I have made clear to you that nervous exhaustion is not a mere matter of the imagination and that its victims are not subjects for your contempt but for your most humane and intelligent ministrations.

In many cases of self-limited disease and oftentimes after surgical operations the most skillful and intelligent nurse in the world cannot, by reason of the nature of the disorder, figure as a positive force in bringing

about recovery. In cases of nervous exhaustion every nurse, in the true sense of the word, invariably can; and those of you who have really found your vocation should be stimulated by this fact to cultivate those qualities of heart and mind that have been pointed out to you as necessary for success.

The skilled surgical or medical nurse is a valuable person in every community, but of far greater value to humanity is she whose quick comprehension, insight, tact, resourcefulness, intelligent sympathy and inexhaustible patience fit her to cooperate successfully with the physician who is making his utmost endeavor to free a patient from the hell of exhausted nerves.

THE HOSPITAL NURSE

(The Real Tragedy of the Wards)

Time was, when filled with ministering dew,
I like an angel to the bedside flew
Of writhing anguish, or insane distress,
Of marred and mutilated wretchedness.
I might not sleep for some remembered cry,
Or upward stare of fixed agony.
My heart beat fast at sorrow not my own,
Easily melting at another's moan
Alas, a gradual apathy congeals
My blood, my heart, and all that in me feels.
Punctual, timed obedient to the clock,
Howe'er the injured on his pillow rock;
This very heart within me does but tick,
And dead that sympathy that once was quick,
Almost I envy now the thrilling throe,
Of hope and fear, the furious ebb and flow,
Which these upon their couches undergo,
More tragic is my soft and noiseless tread—
This service from the dying to the dead;
This grey acquaintance with fierce suffering.
And bosom proof against the sharpest sting,
Fearless familiarity with pain;
The dreadful victory of pity slain.
The touch unerring and the finger sure,
Yet all within now stricken beyond cure!
—*Stephen Phillips, in Lyrics and Dramas.*

The Making of a Nurse Teacher

CHARLOTTE A. AIKENS

ARTICLE II

ONE quotation from the Book of Books, which ought to be writ so large in a hospital school that no nurse who was entrusted to do any teaching of other nurses could fail to appreciate its importance, is this: "Where there is no vision the people perish." The one who is to become a successful teacher of nurses must have a vision of what the finished product of the school should be. She must also have a vision of what the teacher should be.

"Teaching," it has been said, "must always proceed on the assumption that its test is to be found, not in the immediate product which it sends out from the classroom, but in the wider circle of influence which it will exert on the days and activities that are to be."

Sometime, when we are wiser, we will see to it that the head nurses who have charge of wards and departments, know something definite about the work of a nurse teacher. We will require the head nurse not only to demonstrate her ability to manage a ward or department successfully, but also her ability and willingness to impart information; her ability to utilize the teaching opportunities in the ward, so that nurses in training really get the full benefit of the clinical material which the hospital affords. It is so easy for a pupil nurse not to see many of the important points which are to be seen in connection with the patient she is nursing. It is just as easy for an interne not to see many of the points that are important to be observed, if he lacks the quality of keenness in observation and if nobody takes the trouble to point them out. It is true that a young nurse must do many things, the reason for which she cannot

understand at the time, but the training of her powers of observation cannot begin too soon, and should never come to an end while she is in the hospital. This training is an important part of the nurse teacher's work. It is also an important part of the work of the physician who assumes the responsibility of teaching nurses.

Fortunate is the hospital school which places "sterling character" at the top, when enumeration of the list of qualities which are desirable and essential both in head nurses and pupil nurses. A prominent educator, in speaking of the character of instructors, said that if he had his way there would be over the door of every school in the land, a motto embodying this sentiment: "No teacher shall be employed in this school whose character we would not desire reproduced, or whose example we would not wish every pupil in the land to copy." For, after all is said and done, next to experience, the best of all teachers is a good example. We have had a tremendous amount of emphasis placed on the number of beds "always occupied," which should constitute a "recognized training school," and a woful lack of emphasis on *the quality of the teaching*, which is far more essential than the number of beds. We have multiplied the number or the quantity of hours spent in the classroom, and have very frequently forgotten that one who knows how to teach, who knows how to plan lessons and direct study, will accomplish more with a class in a twenty-minute period than another person with the same kind of diploma will, in an hour and a half. We have exalted things which are impossible for the average nurse who aspires to assume charge of a ward or department or an entire

institution, while we have overlooked a lot of splendidly practical and possible methods of training her, or inspiring her to train herself.

Not one institutional nurse in a hundred will ever see the inside of Teachers' College. Let us grant that one out of a hundred may take the full course provided there for her, and bid her God-speed as she packs her trunk and turns her face toward New York. Then let us look around at the "ninety and nine" possible and probable teachers of nurses, head nurses and nurse superintendents, and see what can be done that will better prepare them for the responsibilities and the opportunities before them. There is no lack of applicants for these positions, despite assertions that nurses do not desire institutional work. Those who have attempted to make a business of helping to place nurses in institutional positions have more than once abandoned the effort, because the supply of nurses who desired institutional positions was so much greater than the openings for them, that it was impossible to locate more than a small fraction of those who applied and paid their fee to have a position found for them. That the nurse herself may be but poorly fitted temperamentally and technically for a supervisor's position is probably true. That many who apply have in them splendid material for executive and teaching work is also true.

There are certain things which the nurse herself may do, should do, which will tend to markedly improve her teaching powers. In the rest room of an athletic association visited recently was this significant placard, among others: "*A dog must be trained; a man may train himself.*" The sentiment of that placard is worth remembering. It is full of encouragement for the nurse who is honestly ambitious to excel; to fill well the position to which she aspires, and who sees not the way to leave her work to improve herself by special training. Let her be

assured once for all that the training of oneself to the point of efficiency in teaching is a perfectly possible task.

The very first step, as stated in a previous article, is the making up of one's mind to devote some part—say, a minimum of two hours weekly, to the task, and the determination to carry out a definitely planned program. It is well to begin with the individual study of a certain book containing the general principles of all teaching, staying with it till one has acquired a fairly satisfactory understanding of those principles and is able to apply them in actual practice. If two or more head nurses can meet together to arrange a program covering, say at least eight weekly conferences, there will be great gain in such an arrangement. Such a plan might wisely aim to provide for three such programs of eight weekly conferences each. No better basis for these conferences can be had than the recommendations of the American Hospital Association, pamphlet copies of which may be had by applying to the secretary.

The very first conference may wisely deal with the necessary qualities which a teacher of nurses should cultivate. Let each make a list of them. Try to set them forth in the order of their importance. Put each item set down, to the test of practical value in the teaching of nurses. Put down first the things which seem essential, and then the things which are desirable, but not wholly essential, and then compare notes.

For the second conference, let one head nurse prepare a ten-minute paper on some important principle of teaching; another may prepare an outline plan for teaching the first lesson in bacteriology to a class of probationers just entered, suggesting the method to be used in opening the lesson, the illustrations which may be profitably introduced, the points on which special emphasis should be placed, and the things which should be avoided in the presentation of that first les-

son to that class of new girls. If there is a third member present, she can present a plan for giving the first practical demonstration of nursing methods which is to be taught to the new class.

The suggestions regarding clinics and demonstrations contained in the pamphlet, are sufficient basis for such matter in a year's program of weekly conferences. At another conference a ten-minute paper may be devoted to a presentation of the relative advantages and disadvantages of the lecture method, and the use of text books, this to be followed by discussion. Another may outline plans for teaching the first lesson on medicines, while a third takes the methods to be used in teaching another lesson by practical demonstration from the list given in the pamphlet. A whole evening may profitably be given to the study and discussion of the question, "How shall we teach ethics to first-year nurses?"

There is almost no limit to the possibilities for such training conference methods in the individual hospital, given the right leadership, and given the will and determination to improve. We are only beginning to get our eyes opened to the need of such training. Instead of fixing our eyes on the unattainable, let us take stock of our own situation and its possibilities. When we do that and seriously plan for training, we will wonder why we have been so stupid as to neglect the

simple, commonsense plan of improving the quality of the teaching in our schools by carefully prepared plans and methods for the individual school.

SUGGESTIONS FOR CONSIDERATION

1. Prepare an outline for a six months' course of study in methods of teaching nurses, providing for fortnightly conferences of head nurses.

2. In studying a class of probationers as to their desirability as pupil nurses, what three points would you emphasize as of greatest importance, in your list of essential qualifications?

3. What methods have you used or may be used, to help the nurse who is slow and always behind the others in getting through her tasks, if she is otherwise well qualified for nursing?

4. Mention a list of nursing duties, the methods of which should be taught to a probationer in the first two weeks after admission to the school.

5. What points would you especially emphasize in teaching these duties? How would you arrange for demonstrating them?

6. How much of the theory of asepsis and antisepsis would you try to teach probationers in the first lesson? What illustrations would you use?

7. Prepare a five-minute paper embodying some important teaching principles.

(To be continued)

To Remove Stains from Linen

A Pennsylvania woman makes this suggestion in the *Woman's Home Companion*. "Try wetting the stains on your table linen with sweet milk and then plunging them at once in the tub containing the 'suds' ready for washing. This is an easy and sure way of removing all fruit and the troublesome tea and coffee stains. Do not let the milk dry in the linen, but while saturated place at once in the wash tub."

Auto-Intoxication*

J. FRANCIS WHITE, M.D.

San Diego, Cal.

THE body, as we all know, is a laboratory of poisons. They are with us continuously from the cradle to the grave. The food we eat, the water we drink and even the air we breathe are media for the entrance into our systems of poisons from without. These are only a few of the ways in which we are contaminated.

These are also to be considered the sources of intoxication within the body itself. The great intestinal tract, with its intricate passages, contains compounds capable of destroying our lives. But thanks to an all-wise Creator, we are supplied with the means of defense, by organs of secretion and excretion, which when functioning normally, as they do in health, effectually protect us from disease and death. It is only when these organs do not functionate properly that disease manifests itself. What renders possible the development of an infective disease is not the chance meeting of man and microbe. That is constantly taking place, but generally it is without result.

Micro-organisms, even of the most virulent, attack us; we are in constant communication with them, for they are spread around us with the same prodigality that nature distributes all developing matter, and yet growth is uncommon. Infectious disease is only an accident, because the infectious agent finds only exceptional circumstances favorable to its development. The healthy individual is an unfavorable medium for the microbe; he is markedly resistant to it, and although constantly involved by them, he reacts against them, and in this contest usually overcomes them to such an extent that often the disease does not even become apparent.

It is not thus when his vitality is weakened. Then his means of defense diminish, and organisms hitherto destroyed or held in abeyance multiply rapidly.

It can therefore readily be seen that it requires a modification, antecedent to nutrition, to render infection possible. Disease is thus the result of two different processes, one of which can only act by means of the other. Pathogenic processes are rarely isolated; in the great majority of cases they are associated and combined.

Auto-intoxications are divisible into two groups. First are those cases where the toxic materials originate in cavities which, although they are placed within the body, belong, nevertheless, in a certain sense, to the other world.

The second group comprises the diseases in which the processes originate in the innermost mechanism of the body, causing disease and even death, as in uremia, icterus gravis, etc.

The reaction of a disturbed nervous system may induce temporary disturbance of nutrition by developing a chemical medium favorable to the cultivation of organisms. Thus germs always present, destined to destroy dead matter, are also capable of destroying living matter when they find it in a state of preparation. Nerve reaction, in other words, can produce the morbid opportunity by corrupting the nutrition for the moment. It can also modify nutrition permanently, and develop an acquired diathesis which, once established, may become hereditarily transmissible. With the one exception of syphilis, against which he seems unprotected, it is safe to say that without any preliminary change in nutrition, man is sheltered from infection.

* Read before the San Diego County Medical Society.
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When nutrition is below par we often see such nerve manifestations as apathy, dejection, headache, inaptitude for work, etc., and if we stop to examine the renal secretion we will find incompletely oxidized products of disassimilation in it. These bodies are all toxic, and are the very first signs of poisoning due to previous derangement of nutrition.

As I have already stated, the body is both a receptacle and laboratory of poisons; taken in from the external world, and also created by disassimilation within, and yet man is not poisoned. Thanks to the liver, kidneys, skin, lungs and intestines, which are constantly on guard taking up, modifying and eliminating such dangerous matter as fast as it is formed. The blood stream itself is constantly charged with toxins, which it has gathered up from the tissues to carry on to the excretory channels. But this toxicity never gets beyond a certain limit in the normal individual, for it is constantly being thrown off. The liver protects man by arresting on their way before they pass into the general circulation the poisons brought from the intestines by the Portal vein neutralizing or throwing them back into the bowel again, there to be expelled from the system.

Many of the secretions of the body are themselves toxic, and would be rapidly fatal if not continuously eliminated. The urine, for example, contains no less than seven toxic substances: A substance which produces salivation, a narcotic substance, one that contracts the pupil, one a diuretic, urea, one that lowers temperature, two convulsive substances, one of an organic nature, urea, and the other a mineral, potass. It is because these substances are carried away through the urine that the urine is poisonous and that man escapes. All these poisons come from the blood, for it is continuously freeing itself from poisons which flow into it, either transferring to various organs, or by consuming them when

they are brought into contact with the corpuscles.

The bile, although it is an antiseptic and antiferment, is also toxic, to an even greater degree than the urine. It is relatively six times more poisonous than the latter. The bile derives its toxicity more from the coloring matter than from the biliary salts, but here we are again protected by the intestinal secretions which precipitate the toxic principles.

The alimentary canal, on account of its great capacity and from the fact that it is being constantly supplied with material in different stages of fermentation and even putrefaction, offers a striking example of a receptacle and generator of poisons. There is constantly present in this canal the conditions necessary to the development and propagation of toxins and micro-organisms.

When through perversion of function by disease or otherwise the protective fluids of the gastro-intestinal tract are not secreted in normal quantities its contents rapidly ferment, and the organisms hitherto held in check multiply with astounding rapidity.

Stagnation of the abdominal contents as seen in dilation of the stomach, motor insufficiency, the various ptoses or mechanical obstruction to the free passage of food through the intestinal tube is a fruitful source of supply of toxic material. Dietary errors caused by over-indulgence in, or the use of improper food or insufficient mastication of the same likewise bring about conditions favorable to the formation of toxins.

Depressed conditions of the nervous system lead to constipation and auto-intoxication and the latter condition in turn aggravate the nervous state and we have a vicious circle established.

Any foci of suppuration, pyorrhea alveolaris, decayed teeth, sinus trouble, infected tonsils, a suppurating lymph node, a chronic appendix, anything in fact which would tend to lower the body tone and

interfere with the normal functioning of the organs of assimilation and elimination are also common causes of auto-intoxication.

In regard to the treatment we should seek the cause and endeavor to remove it. In general it resolves itself under five heads. Prophylactic, dietetic, hydiatic, medicinal, and surgical.

Under the head of prophylax we may require the aids of the dentist and surgeon. We must regulate the food supply as to kind and quantity, limiting the amounts to just what is required to suit the individual case, having the patient take sufficient time to masticate thoroughly. He must spend a reasonable time in exercise, use plenty of water internally and externally and pay strict attention to the calls of nature.

For constipation, I am in the habit of using the salines in decreasing doses in cold water on arising, gradually lessening the

amount of the saline, but continuing with the fluid, as the condition improves, laying particular emphasis upon the necessity of persistence and regularity in the time of stool.

The daily morning bath tempered to suit the case followed by a brisk rub and setting up exercises is an excellent tonic and a good way to begin the day. Fruits and the use of cereals or coarse bread are also helpful in overcoming constipation. Some do better with hot water as a beverage before breakfast, to which may be added a little lemon juice. We must take plenty of time in the handling of these cases and give them explicit directions in regard to their daily life. We must evince an interest and gain their confidence if we would be successful in the management of this class of patients. There are plenty of them and they are always grateful.

A CHICKEN FARM

Oh, the pleasing thought of a chicken farm
 In the country fresh and pure.
 Away from the doctors, from drugs and pills
 And all that is hard to endure.
 Just think of a shack on a fair green lawn
 And the roosters crowing at early dawn,
 How glad I would be to be there.

Just think not of warring to get some work
 Or dreading the great M.D.,
 Nor counting the days on the weary watch
 Till again once more you are free.
 We would breathe the air on the open plain,
 And our cheeks would again the roses gain,
 Far away from the nurses' strife.

I have learned to long for a chicken farm
 As a sweet and humble place,
 For a sad old maid and a weary nurse
 To spend her days of grace.
 For hospitals large and hospitals small
 Are filled with the young and handsome,
 that's all,
 So it's me for the chicken farm.

A. M. N.

Vertigo

ANNE E. PERKINS, M.D.

VERTIGO, or dizziness, is a very common complaint, and varies from mere discomfort to severe disturbances due to labyrinthine, ocular and other sources.

In childhood it is often mechanical and transient, as from swinging, but it should always be remembered that it may be due to ear trouble, due to measles, diphtheria, scarlatine, pneumonia, influenza or a severe coryza, as any of these may involve the middle ear and labyrinth.

In early adult life and middle-age it is often reflex from the liver, stomach or intestines, or due to arterial or myocardial changes, and very often ocular or auditory in origin.

In ordinary sea or train sickness it is attributed to the disturbance of ocular and auditory nerves.

It is important to eliminate every physical cause before calling it neurasthenic. It may be due to vascular degeneration, organic brain disease, etc. The exact nature of the sensation is important. The symptom is often baffling to physicians.

Dizziness as complained of ordinarily may be only blurred vision, floating spots before eyes, with a sense of mental confusion. There may be profound disturbance of the equilibrium, with a sensation of rotation from side to side. This is an intensely disagreeable sensation and may occur when the patient is lying flat or turning in bed. People who are subject to it have a feeling of dread and uncertainty about going on the street, an apprehension lest they fall. Severe vertigo is sometimes terrifying, accompanied by nausea and vomiting, pallor and palpitation, almost a fear of impending death.

The cerebellum has to do with the maintenance of the equilibrium and is

affected by direct irritation or abnormal stimuli through the auditory or visual paths.

In the vast majority of cases, it is due to digestive disturbances, diseases of the middle ear and labyrinth, the sinuses in connection with the nose, or circulatory disturbances. It is rarely a symptom of brain disease, except in basilar arterio-sclerosis or the unusual tumors and abscesses of the brain, disseminated sclerosis, and general paresis of the insane. It is common in functional nervous diseases, as neurasthenia and hysteria, also in epilepsy. It may be a symptom of anaemia or drug-taking.

Every case of vertigo over 40 should have a careful examination of the heart, kidneys and arteries, as it is the most common warning of cerebral arterio-sclerosis, and a high blood pressure warns against over-exertion and over-eating.

In migraine it is a common accompaniment. Intelligent and successful treatment cannot be given until the cause is known.

In general with digestive disturbances, headache, etc., a brisk saline purge and divided doses of calomel are helpful.

Glasses properly fitted often stop vertigo.

In auditory vertigo pilocarpine and bromides will be most helpful, aided by stimulation with strychnia.

Labyrinthine, or aural vertigo, is abrupt in onset, attended by loss of consciousness and a sense of being hurled to the ground. There is deafness and tinnitus, usually history of chronic middle ear trouble or a recent otitis media with perhaps extension to the labyrinth. If anything affects the semicircular canals, equilibrium is interfered with. Experiments on birds and animals show that injury to these canals

causes dizziness and impaired balancing power, often extreme.

In some cases vertigo is a symptom of Meniere's disease, which is caused by disease of the semicircular canals, characterized by nausea, vomiting, vertigo, progressive deafness, ringing in ears and marked disturbances in the equilibrium.

Petit mal of epilepsy is often called mere vertigo or dizziness.

Probably the most common causes are autointoxication from intestine, abuse of tobacco and coffee, neurasthenia, anaemia and middle ear trouble, arterio-sclerosis. Any accident, even slight, affecting the skull is liable to produce it.

Enough has been said to call attention to the importance of ferreting out the underlying cause, which may be easily corrected or serious.

Easter Triumph

KATHERINE COOKE

IT WAS a bright, sunny morning in spring, with just enough chilliness in the air to remind one that there had been a long, cold winter. But there was no sunshine in the heart of a young girl who was walking down the city street, for her face looked as dark as a thunder cloud as she switched along in an impatient manner.

Soon she walked more slowly, entered a tiny park, sat down on one of the benches, and, looking thoughtfully into the distance, began talking to herself. "I wish I had never come to that old hospital! I'll never be accepted anyway. Six months probation is enough to finish any one's existence. All that dirty work to do from morning till night, and I haven't even had a peek at a private patient yet. I thought nursing was taking care of *people* and making them happy and comfortable instead of *scrub*, *scrub*, *scrub* all day long. I won't go back home though. I'd never hear the end of this." And, putting her head down on the back of the seat, she sobbed bitterly.

Suddenly she felt a pull at her sleeve, and on looking up, saw a small boy gazing

at her with great big eyes. "Say, lady, what's the matter with yer?" "Nothing," said Mary with a sigh, resting her head on her arm. "That's a whopper," said the boy, "I don't cry for nothing. What's yer name?" "Mary Anderson,—*Probationer*," she added with a sickly little smile. "Mine's Jimmy Jones. What's a pro—ba—shun—er anyhow?" "Oh, go away, you wouldn't understand if I told you," said Mary, her eyes again filling with tears. Jimmy stepped off a little way, looked at Mary, and then said, "It ain't going to do you no good to cry when it's so near Easter time and we're singing 'Alleluias' and 'Easter triumph'—and lots of things." Mary raised her head. Jimmy edged off a little further as if half afraid. "What do you mean?" said Mary. "Don't yer go to church none?" said he. "You'd better come. I'll take yer. I'm in the choir but you'd sit in the church part. We're practisin' for Easter now, and it's all 'Easter triumph, Easter joy,' and it's *great*—and—you've got to come." "Oh, that's no good," said Mary scornfully, looking at her watch,

"My goodness, I'm late now. I'll be 'fired' sure;" and jumping up, she ran hurriedly out of the park, leaving Jimmy fighting back the tears. "It is good too," said he, indignantly, "and I love it—and she needn't come, the mean old thing." And Jimmy walked on, looking much disappointed.

In the office of the hospital, with faint heart and shaking knees, Mary stood before the Superintendent. "Miss Anderson," said she, "I am much displeased to hear that you are late again. Your probation work has been fairly good but your lack of punctuality is very much against you, as well as your constant hurry to be off duty before the time is up and thus you slight the duties assigned to you. Your time is over at Easter and only a decided improvement will save you from being rejected. You have the making of a good nurse in you, if you will only overcome your faults, and we wish to keep you. You may go now, and do not let this occur again."

Mary left the room very angry, but fearful of more trouble, went on duty with all the dignity she possessed, keeping her feelings to herself.

Two nights later, while Mary was studying in her room in the Nurses' Home, one of the nurses came in saying, "Oh, Mary, there is the dirtiest little boy down stairs and he won't see any one but you. We can't get rid of him. He may have the smallpox and all the other germs on him by the way he looks."

Mary went impatiently because she was anxious to study for a lecture the following night. As she came down stairs, a small pair of arms were thrown around her and a dirty face was pressed against hers, and a little voice said, "I'm so glad to see yer. You'll come to practice with me tonight, won't yer, and I'll tell yer all about the 'Easter triumph,' and yer won't cry any more. Won't yer come?" Mary thrust him one side hastily, looking at the wreck

he had made of her clean dress and apron. "Look what you have done," said she, angrily, "and that's my last clean dress this week. You dirty little beggar, you!" "Won't yer come?" said Jimmy, his lips quivering. "You'll like it, honest you will." "No, I won't," said Mary, opening the door, "you go along where you came from, and don't come here again to dirty up the only clean dress I had." "But—they're going to sing about 'Easter triumph' tonight," said Jimmy, standing in the doorway, hesitatingly. "It'll be some other kind of triumph you will get, if you don't go along," said Mary, pushing him out and shutting the door in his face.

"Oh, how could you, Mary?" said one of the nurses who had heard it all. "You had better add a little Christian spirit to your probation, Mary," said another, "or you never will be accepted." "Oh rats!" said Mary, slamming the door of her room.

The following Sunday morning, Mary found herself summoned to the office. "Miss Anderson," said the Superintendent, "I hear that you have thought your probation drudgery and have been anxious to distinguish yourself in some way in the actual care of a patient. We do not give our probationers much responsibility, as a rule, because they have not had the experience to warrant it. But I am going to make an exception in your case. A little boy was brought in yesterday, dangerously hurt by an automobile. He has been delirious all night and has called constantly for you. As absolute quiet is necessary to save his life, I am putting you on duty in the Children's Ward, hoping that your presence will quiet him. Do you know him?" "He must be the one I saw in the park one day," said Mary; "and he came to the Home one night to get me to go to his choir practice with him, and I sent him away. That is all I know about him." "Very well, Miss Anderson, go and do your best. The head nurse will show you your duties."

In the Children's Ward Jimmy lay tossing from side to side. "I love Mary Anderson—she put me out—I spoiled her dress—she wouldn't come—to hear about—'Easter triumph—Easter joy'—she cried in the park—she wouldn't come—I love her so."

This is only a fragment of the muttered wanderings of Jimmy's mind to which Mary found herself listening as she bent over him in her duties that morning. All day she worked faithfully, and by night the child seemed more quiet. "Are you equal to an all night vigil, Miss Anderson?" said the doctor on his early evening rounds. "If he can be kept quiet until tomorrow, I think we can pull him through. Can you stand it?" "Yes," said Mary, for the touch of those hot little hands and the pleading little voice had won their way to Mary's heart. All that night and well on into the next day she watched by him, and after a few hours' rest, she again began her watch for the second night. In the early morning Jimmy opened his eyes, looked around him, saw Mary, put his little arms around her neck and fell asleep, murmuring, "Easter—triumph—Easter joy! Mary—come."

"You've pulled him through. He will be all right now," said the doctor who had been working with her. "You had better go now and get some rest." And to his

astonishment the little probationer fell unconscious at his feet.

Easter morning dawned bright and clear. In the office of the hospital the Superintendent sat smiling upon Mary who stood before her. "You have more than redeemed yourself, Miss Anderson," said she, "and your probation is over. You may put on your uniform tomorrow and I wish you all success. The rest of today is yours to do as you like.

A couple of hours later, Mary in her new Easter hat and suit, with Jimmy by her side, were seen going toward one of the large churches near the hospital. "This is the one," said Jimmy, "come on." They went in and sat down, Jimmy quivering with happiness and excitement. As the choir boys came in singing, Mary could not help but recognize the words:

"Easter triumph, Easter joy,

Sin alone can this destroy.

From sin's power do Thou set free

Souls new-born O Lord in Thee."

"That's it," said Jimmy, giving Mary a nudge. "Don't it make you feel good though?" And Mary with a great sob of thankfulness and a happiness in her heart which she had never known before, put her arm around Jimmy, with the resolve to give her very best now and always to the profession she had chosen.

The world depends upon dependable persons. A reputation for being reliable is the key to most of life's successes. Friends, work, honor, all gravitate to the reliable person. Being reliable is not easy, surface work. It takes day after day and year after year of patient acceptance of responsibility, of picking up the threads that the

careless drop, of being ready in emergencies where others fail, of doing uninteresting faithful work that others tire of and slight—it takes all this to make the dependable man and woman known and valued. But how good they are to know, and how valuable! To be depended on, and not to fail anyone who trusts us—this is worth living for.

—*Exchange.*

The Nursing of Children

MINNIE GOODNOW, R.N. AND ZULA PASLEY, R.N.

CHAPTER X.

COMMUNICABLE DISEASES

THERE has arisen in the last few years a distinct change in the methods of caring for contagious, or communicable diseases. More is being found out about the diseases themselves, their modes of transmission, etc., and some of the traditions and superstitions concerning them are being discarded. The systematic use of these newer methods began about 1900 at the Pasteur Institute in Paris, though Grancher had used some of the same methods before that time. About four years ago the City Hospital, Providence, R. I., introduced them into this country. That hospital has been the chief exponent of these new and simpler methods, and has now had sufficient experience with them to draw some conclusions in regard to the work and its results. Its success has been most satisfactory, and other hospitals in this country are gradually adopting them. The Isolation Hospital, Jacksonville, Fla., has two buildings planned specially for this new technic and began to use it during the last year. The Children's Hospital of Toronto, Canada, is also undertaking it in its new building.

Modern operating room technic has developed by simplification and by the elimination of non-essentials. The technic of the care of communicable diseases has been modified along lines almost exactly similar; in fact, it amounts to a reversed operating room technic, and has been termed "aseptic nursing."

1. In operating room work, we consider all objects unsterile which have not been definitely sterilized. In contagious work, we consider all objects clean which have not been used by patient or nurse. 2. In

the operating room we avoid touching unsterile objects when once our hands have been sterilized. In contagious work we avoid touching clean objects when once we have infected our hands. In both classes of work we proceed upon the principle that *practically all infection is by contact.*

There is no doubt that a certain amount of infection occurs in other ways than by direct contact. Dr. Chapin, in his recent book "Sources and Modes of Infection," insists that the indirect sources of infection have been much exaggerated and that contact infection has been too little emphasized. We have, he says, been spending much time and trouble over the things which count for little, meantime neglecting the chief source of trouble. That is, we have been guarding against infections which we believed to be water-borne, air-borne, carried in clothing, etc., when all the time the chief focus of infection was *the patient himself*, and the chief means of spreading these diseases were *his secretions and our own hands.*

In the modern contagious hospital, all sorts of diseases may be treated in one building, except as it may be a matter of convenience to classify them. Each ill patient is considered a unit and is treated separately, usually in a small private room or cubicle. For convenience in observation one or more walls of the room or cubicle may be glass. Convalescents from the same disease may be cared for in a ward or treated as a whole, but in the acute stage each patient is entirely separate. When we consider the very real danger from errors in diagnosis, and the fact that a child with

one disease may at the same time be developing another, we can see that isolation is imperative until convalescence is well established.

No attempt is made, in the modern hospital, to keep nurses for certain kinds of cases, nor are utensils kept separate. Reliance is placed almost entirely upon technic, upon careful and constant sterilization of hands and utensils. The nurse who is well grounded in operating room work learns these methods very readily. She has always in mind the infected condition of her hands and of the utensils and materials which she is handling. All secretions and excretions and their containers are treated as infected. Bedpans, basins, etc., are boiled or thoroughly disinfected after each using. Slop sinks and hoppers must have faucets which can be turned on and off by the foot, knee, or elbow, so that the nurse need not touch anything while emptying utensils. For the same reason, all doors are left open or slightly ajar, or are provided with a lever handle which may be operated by the elbow or upper arm. Dishes are used in common; when returned from the patients, they are not set down at all, but placed directly in the sterilizer and boiled. The serving kitchen and its contents is therefore considered clean. Broken food from patients may be dropped into paper bags and burned.

Air-borne infection is counted non-existent. The patient's room is considered to be infected in varying degrees. Everything which he has touched or which has been used in his care is considered highly infected. The head of the bed, the pillows, top portion of the sheets, etc., are the most infected portions of the rooms. The floor, because it is the common receptacle, is counted infected. The walls, except very near the patient, the ceiling, and the windows are thought to be comparatively clean. If a nurse enters the room simply to ascertain what is needed, to bring something,

or to do something which does not necessitate handling the patient nor his utensils, she does not put on a gown nor cleanse her hands after it.

If however, she enters the room for actual work with the patient, she puts on a gown which hangs just inside the door. The inside of this gown is considered clean, and the outside, because it touches patient, bedding, utensils and nurse's hands, infected. (Note in this an exact reversal of operating room work.) At the City Hospital, Providence, the nurse's hair is not covered, since she never allows her head to touch a patient. For the same reason, her shoes are not considered to be infected. Her hands and the front of her gown are considered the most unclean. After any service which necessitates her touching patient or utensils, she scrubs her hands thoroughly with soap and water, removes her gown, then scrubs again before she leaves the room. The brush is kept in a disinfecting solution, but none is used for the hands except in cases of measles or chicken pox. Running water is supplied in each room through a "combination" faucet, which gives tempered water, controlled by an elbow valve, this having been found more satisfactory than one with a foot or knee action.

As a concession to public opinion more than for any real reason, the nurses change their uniforms before going to meals or off duty, keeping the two dresses in separate lockers. Practically, only the hands are infected, unless something unusual has occurred, and if they have been properly cleansed, she may go anywhere without further preparation. If one keeps in mind the technic of the operating room, it is perfectly easy to understand how these simple precautions, rigidly carried out, are sufficient.

A set of simple rules has been formulated at the Providence Hospital which gives the important points of this sort of technic.

TO AVOID TAKING AND CARRYING INFECTION

Keep fingers, pencils, pins, labels and everything out of the mouth.

Keep and use your own drinking glass.

Do not kiss a patient.

Wash hands often and always before eating.

Keep out of doors as much as possible and always sleep with window open.

Do not touch face or head after handling a patient before hands are washed.

Do not allow patient to cough or sneeze in your face.

Do not allow patient to touch your face.

Do not eat anything that a patient may wish to give you.

If taking a drink or lunch, be sure to use the nurses' dishes.

Put on gown or change uniform when going into ward.

On leaving ward always wash hands.

Always remember that infectious diseases are taken and carried by *contact* and not by air infection.

Like operating room work, this technic must be practiced until it becomes a habit before anyone can be sure that she will not make a break. In hospitals, any nurse who is heedless or habitually careless is dismissed as unsafe.

At the Pasteur Institute, where this technic was first worked out, the cross infections occurring in five years time, with five thousand cases, did not attain a total of two in one thousand, or two-tenths of one per cent. At Providence, the proportion has been higher, but is considered largely due to faulty diagnosis. In all hospitals which use the *aseptic nursing*, cross infections are uncommon, while in those which use the older methods, they are all too common. In the recent investigation of some of the public institutions of New York City we find excellent examples of what ordinary care and precaution does *not* do.

In private nursing, the nurse rarely sees a contagious case until the disease is well under way. Sometimes her duty is practically nothing but the maintainance of quarantine and watching for complications.

If she is asked to help decide upon the room to be used as sick room in a private house, she should consider that the time it is occupied may be six weeks at least, and endeavor to secure not only a sunny, well-ventilated room for her patient, but one which will disarrange as little as possible the routine of the rest of the family. It should be near the bath room, and have running water available if possible.

All hangings, rugs, and every article which can be dispensed with should be removed from the room. One or two wash basins, brushes for the hands, and antiseptic solution should be provided. Gowns should be had for the doctor and for parents or relatives who are to be allowed to enter the room. It should be impressed upon parents that for the sake of other children in the family it is best that they do not touch the patient while in the room. If this rule must be broken, thorough disinfection by scrubbing must be enforced.

Dry sweeping should not be done, but tea leaves, bits of dampened newspaper, or a damp cloth over a broom should be used. The patients' dishes and utensils should not leave the room unless they can be boiled before anyone but the nurse touches them. Food may be brought to the door of the room and transferred to dishes held in the nurse's hands. Broken food and waste may be deposited by the nurse upon a newspaper or in a paper bag just outside the door of the sick room; this may be burned by anyone who is careful to handle only the outside of the package. The water in which the patient's dishes are washed should be thrown into the water closet bowl in the bath room, care being taken not to slop it nor to touch anything in the room. If water from hand-washing must be disposed of in the same way, one should be sure that the container does not come into contact with anything.

The nurse should keep her street costume in another room. It is usually most con-

venient for her to wear an ordinary uniform, leaving it just inside the patient's room when she goes out. She should remain in the room while on duty and have supplies brought to the door for her. It is usually more convenient for her meals to be sent up to her. It is probably wiser if she wears a cap which entirely covers her hair.

She must never forget her technic, especially the washing of her hands after any service for the patient and before eating. She should get out of doors for a while each day and remain in the fresh air as long as she can. Since most of the communicable diseases are spread by the nasal and throat secretions, most doctors advocate the use of a gargle or throat spray by the nurse as a precaution. Some of the more advanced thinkers believe however that all such practices produce more or less irritation which affords a soil for the development of germs and thus defeats its own object.

Mumps, or parotitis, is an inflammation of the salivary glands. The period of incubation is two or three weeks. It occurs in epidemics most frequently in cold weather. It is characterized by pain in the parotid gland, swelling and in the severer cases by fever, chilling, or pain in the joints. The temperature may go to 104° . There is a peculiar sensitiveness to acid articles of food. The diet must usually be soft on account of the swelling and because of the temperature. The duration of the disease is five to ten days.

Measles is an eruptive disease which is highly contagious. The mode of transmission is unknown. A second attack may occur. The period of incubation is ten to fourteen days. The eruption appears about the fourth day. Desquamation may take place in about two weeks. There are symptoms like a severe cold, and the temperature may rise to 105° . The child may be fretful or drowsy. The eyes are sensitive to light and should be shielded. The diet should be largely liquid, with plenty of milk. Com-

plications of the eye, ear, pharynx and glands may occur. Inflamed glands sometimes become the seat of future tubercular trouble. The skin should be anointed with oil or vaseline. Baths may be given to reduce the temperature.

Chicken pox, or varicella, is an eruptive, infectious disease, the eruption appearing on the first day of the disease. The period of incubation is ten to fifteen days. The rash appears first upon the face and scalp and spreads later to the rest of the body. Small pox may be mistaken for chicken pox. There may be fever, chilling, or nausea. There is usually considerable itching, which may be relieved by the use of oil or vaseline. The acute stage of the disease commonly lasts but a few days.

Whooping cough, or pertussis, is most common in children under ten years of age, less common in babies, and may occur in adults. The period of incubation is about ten days. The mode of transmission is not certain, but is probably through the throat secretions. There is an inflammation of the larynx, trachea and larger bronchial tubes.

The first stage of the disease is catarrhal and lasts about ten days. The second stage is that of the paroxysms of coughing. This is marked by a series of short coughs followed by one or more whoops; mucus is expelled and frequently the contents of the stomach are vomited. The hard paroxysms leave the child in an exhausted state and the loss of food by vomiting lowers the vitality. This stage lasts two weeks or longer. The stage of decline of the disease marks a gradual return to health.

The nursing treatment includes arranging for plenty of fresh air for the patient, and for frequent feedings of small quantities of nourishing food. Food is more likely to be retained if given after a coughing spell. Medicated inhalations are sometimes ordered to relieve the paroxysms.

Diphtheria is more common in children

under ten years of age than in those older. Adenoids, enlarged tonsils and catarrhal conditions are things which favor contraction of the disease. It is an inflammatory infection of the mucous membrane of the nose, throat or larynx, caused by a specific bacillus. The germ may be carried in milk, almost never in water, but is usually acquired by direct contact with a person affected. There are, however, many apparently healthy persons who are "carriers" of this disease, who have the bacillus in their mouths or throats in considerable numbers and yet show no symptoms of the trouble. The period of incubation is about a week. One attack renders a patient more liable to a second.

The membrane of the throat or diseased surface is thickened and white, later becoming gray. The breath is fetid; there is fever, but not ordinarily very high. In severe cases there may be extreme restlessness or marked apathy. Delirious patients should be restrained lest they overtax the heart. The pulse is often rapid and weak and heart complications should be watched for throughout the disease. There may be albumen in the urine and nephritis may be a sequel of the disease.

The one curative treatment is the use of antitoxin. There should be no question raised as to the propriety of giving it. An eruption sometimes follows its use, but it is not of consequence. Gargles, sprays, swabbing, and irrigation of the nose are commonly ordered as a matter of cleanliness and control of extension of the disease. Small ice bags may be used at each side of the throat, or an ice collar. The diet should be liquid, and nourishment should be given at least every two hours. In the laryngeal cases, the croup tent or calomel fumes may be employed. Paralysis of the soft palate may occur, being recognized by regurgitation of food through the nose; the physician should of course be promptly informed of such an occurrence. Persistent

bleeding from the nose may occur, even so severe as to make it necessary to pack the nostrils. In these cases the patient needs careful watching so that he does not start the trouble a second time.

The nurse who has charge of a diphtheria case is usually given one or more doses of antitoxin as a preventive measure. She should not hesitate to take this if her physician advises it, but if her technic is perfect, there should be no need of it. She should avoid danger from the so-called "droplet" infection, specks of nasal or throat secretion thrown off during coughing, etc. This is a very real danger.

Scarlet Fever is characterized by a rash or blush which appears first on the chest and spreads to the rest of the body, also by throat and nose symptoms much like a common cold. The rash fades in about a week, and desquamation begins, lasting two to six weeks or even longer. There is fever, its height indicating the severity of the disease. There may be nausea, vomiting, in severe cases prostration and stupor, or delirium or convulsions.

The incubation period is short, one to three days. Infection usually occurs directly by contact with a person having the disease, or with nasal or throat discharges. Some epidemics are thought to have been due to infected milk. There is some reason to believe that the urine or feces may be sources of infection. The idea that the disease was transmitted by means of clothing or that the flakes of skin from the desquamation were a source of the disease has now been abandoned. Children are allowed to mingle with other children while they are still "peeling" provided all other symptoms have subsided, and no cases are traced to this practice.

Complications are common and the nurse should have these very much in mind. Mild cases are as liable to serious complications as are the more severe ones, and should be carefully observed for a period of

at least six weeks. The sudden disappearance of the rash may be indicative of heart or lung difficulties. Any irregularity in pulse should be detected promptly, and any muscular rigidity or spinal symptoms. Any indication of bronchitis or pneumonia should be noted and reported. The slightest pain in the ear or mastoid region, any discharge from the ear, or the least dulness in hearing should be considered a matter of moment.

The nursing treatment is not unlike that of measles. Baths may be given for the reduction of high temperature, or an ice bag over the heart may be used. The diet should be liquid, usually including a certain amount of milk. Meat broths are usually forbidden, and should not be given unless by special order. The child should be guarded from over-exertion, as the heart is commonly involved.

One of the gravest dangers is from the development of nephritis. This is a very common complication, even in light cases. The physician will usually require a daily specimen of urine, or the nurse may be asked to test for albumen by the heat-and-nitric-acid test.

Desquamation may be troublesome. During this stage, the skin may be well anointed with vaseline, albolene or olive oil.

The Close of a Contagious Case. When the patient is pronounced by the doctor ready to be dismissed from quarantine, he should be given a tub bath with soap and water, and a thorough shampoo. A disinfecting liquid soap is best for this. After the bath, he should step into a clean room and dress in fresh clean clothing which has not been in the sick room.

The tub in which the patient had his bath should be well scrubbed and may be washed with a disinfecting solution. All linen, towels, and clothing which is in his room should be boiled or well soaked in a

disinfectant. All utensils which can possibly be boiled should be, also any toys or articles which the patient has handled. The bedstead should be scrubbed with soap and water, also the walls and windows. The furniture may be wiped with a damp cloth. Remember that probably there is no real infection of the furniture except the bed and the bedside table, if one has been used.

If the physician advises it, or the family wish it, a fumigation may be done, though the best authorities consider it useless. In any event, the nurse should do her cleaning as carefully as if there were to be no fumigation. The easiest and probably the best method of fumigation is the so-called "sheet" method with formaldehyde. Bedding which cannot be washed should be spread out loosely over chairs, the mattress placed so that the vapor can get at all sides of it, dresser drawers opened, etc. A sheet saturated with liquid formalin, a pint to each 1000 cubic feet of air space in the room, should be hung on an improvised line in the middle of the room, and the doors and windows being tightly closed, left for twelve hours or thereabout.

After fumigation, or in any case, the room should be well aired and sunned. The mattress and pillows should be put out of doors in the sun and air and turned frequently. Any toys or other articles which cannot be properly cleansed are best burned.

After the nurse has finished the cleaning up of the room—and it should be remembered that this is her work—she should take a thorough bath and shampoo and dress herself in entirely fresh clothing. It is wise for her not to take surgical or maternity cases soon after nursing a contagious case, but she may go to other medical cases if she has given herself a proper cleansing.

The Book and the Nurse*

MIRIAM E. CAREY

THE selection of books is an occupation whose fascination for those engaged in it can be compared only to the giving of advice. "To those who like that sort of thing, that is the sort of thing they like." Persons under the control of this habit have one symptom in common, namely, the secret belief in their ability to select books better than other people. This was my state of mind when my experience in the Iowa institutions began. The first task assigned me was the selection of a library for the State Hospital for Inebriates at Knoxville. Although the books were for the use of a very special class of readers I assumed the task with cheerful alacrity and without hesitation selected the best books that I knew of according to the standards with which I was familiar. I felt very proud of the library, but I now know that it was without value as a collection of books for that special class of readers because at that time it had not been tested from the standpoint of the inebriate. Now, however, it would be possible to compile a list of books for the men at Knoxville which would have the value which use has given them.

The difficulty of book selection for special classes of readers lies in the necessity for close observation of the readers, in order to test the books. Tested lists are authoritative, and they are what we need for the special classes. Here now comes the difficulty, especially with such a class of readers as are found in prisons. The isolation of prisoners makes observation of them almost hopeless. Will there ever be an authoritative list of books for prisoners? The outlook for such a list is not so hopeless as might be supposed, because by coopera-

tion it is possible to combine the observations of several persons and thus make up a useful list.

A cooperative list for the insane has recently been completed and will soon be published. The accessibility of the insane made this task comparatively simple. My personal experiences in the hospitals in Iowa and Minnesota have been very interesting and instructive. I have been allowed to mingle with the patients to a certain extent and to receive valuable suggestions from them. They have been very frank in their praise and in their condemnation of certain libraries, and I have found their criticisms especially helpful.

The examination of the book cards and also of the books themselves after they have been in the hands of the patients have revealed interesting things; for example, after I find the name of a man on every book card I conclude that he has read or at least has had in his hands every volume. An examination of the books reveals at least the fact that they have never been used at all, if such be the case.

The missing books are also a valuable source of information. Why are they missing? Is it because the people are hoarding them for some reason? The following are some of the books which were hard to find, and some of them were missing for a year: "David Harum," "Robinson Crusoe," "The Training of Wild Animals," "Little Smoke," "Highways and Byways of the Mississippi," "By the Fireside," which is bound in scarlet morocco and is of a pleasant size, was very hard to find indeed, whether on account of its attractive cover or valuable contents it is impossible to determine.

The accessibility of the insane has made it possible to decide what constitutes a good

* Read at the Conference of Executive Officers of Iowa State Institutions.

book for the insane reader: First, it must be interesting; second, the edition, binding, type, illustrations, must be attractive; third, it must be free from disturbing topics, such as unhappy marriages, religious discussions, hypnotism, or descriptions of crime; fourth, it must end well.

That the insane should be treated as much as possible like the normal is a slogan in hospitals, but in matters pertaining to books this is not easy to apply. Normal sick enjoy small books and normal aged enjoy simple books, but experience with the insane sick and elderly has shown that small books and easy books do not appeal to them. Of their own initiative they will not choose them. Such books as "Mrs. Wiggs of the Cabbage Patch" or "The Birds' Christmas Carol," or books with pictures of children on the covers or whose titles represent them as books for younger readers the insane will not choose. The larger the book the better, and the more serious its title. These peculiarities show the need of personal guidance. There must be a link between the book and the reader. Miss Jones, of McLean Hospital, Waverley, Mass., has a collection of small books which she sends to patients who are not strong enough to hold larger books, with a personal recommendation, and they are gladly received and used. Miss Rowe, of the Clarinda, Iowa, State Hospital, has been able to teach illiterate women to read by means of easy books.

Books and book lists, however good, are not enough in themselves. The personal guidance of some individual who is in close touch with the reader is absolutely necessary if there are to be good results from the reading. In any ordinary library this person is the librarian; in a school it is the teacher; in a hospital it is the nurse.

The influence of the nurse over the patient has its source in the patient's dependence upon the nurse in all the affairs of daily life. Confidence is inspired by a cheerful, tactful,

neat, capable and conscientious nurse. It is plain to see that the largest usefulness of every department in the hospital depends upon the cooperation of the nurses. This is especially true in the library. What the nurses read the wards read. What the nurses sneer at the ward condemns, and who would have the courage to select?

There are nurses who love books and realize that the use of books by the patients will conduce to order and contentment in the wards. To them an annotated list of books would be a time-saver and a useful tool. An authoritative list for the insane should be annotated from the nurse's standpoint. The literary merits of books should be disregarded and those qualities specified which will be likely to bring good results from reading.

There are, however, many nurses who have not the reading habit and who do not care for books. How may the interest of this class be aroused? Will it not be necessary to include lectures on books and reading as part of the course of study in the training schools for nurses? Such a course might be condensed into six lectures or elaborated to extend through half the course. The following outline for such a course takes for granted the practicability of putting into the hands of the nurses a list of tested books to be used as the basis for instruction and discussion:—

First lecture—The use of books to get results. What constitutes a good book for the insane? Discussion and examination of the lists of books which interest and attract, and end well.

Second lecture—What constitutes a bad book for the insane? Discussion and examination of the list of questionable books.

Third lecture—Methods of encouraging reading, especially among the illiterate. How to get new readers.

Fourth lecture—Methods of reaching readers and testing books. How to get the right book to the right person,

Fifth lecture—Discussion of detective stories, historical novels, simple stories, popular books of every class, and the readers to whom they are beneficial.

Sixth lecture—A final test, or examination, in which the nurses would be required to select and name books of specified types and state the patients who are helped by them.

Lectures on books and reading for the insane would benefit: first, the hospitals, especially those in which the library is not a distinct department; second, the patients would benefit by getting the books suited to their peculiarities. Special help would accrue to those patients who have not the reading habit. Many would acquire it and their reading would improve with guidance; third, nurses would acquire through this

training a new professional tool and time-saver in the care of convalescents, for whom books are the most feasible diversion.

Experience in the hospitals at Cherokee, Independence and others has proved conclusively that books are a valuable aid in the care of the chronic insane. How much the strain of caring for the insane patients would be lightened for every nurse if she were trained to use books as part of her professional equipment!

In view of the history of the hospital libraries which have striven to get definite results by means of books there is no question as to the professional value to nurses of an authoritative list of books which they have been trained to use with precision.

Prevention of the Spreading of Tuberculosis

EMILY H. ROWLAND

ONE of the most vital questions of today, in the medical world, is how to prevent tuberculous patients from transmitting their disease.

The Boards of Health, in the various states, are doing their best to control the situation and they are doing wonderful work. They are improving sanitation; they are trying to see that the milk is free from tubercle bacilli; that the herding of the cows is sanitary; that the meat is not infected. This is a colossal undertaking and only too often they are hampered by lack of means and the opposition of the people themselves, of the cattle owners, of the milkman and the butcher. The Boards, by means of free postal cards, try to keep track of the various patients, their physi-

cian, their place of residence and their change of residence. In this the opposition all around is more strenuous and in that lies the Waterloo of the State Boards of Health.

Except to the physician and the nurse in immediate charge, I have always found those patients most secretive. Of course they can not be expected to shout their troubles from the housetops, but there are times when an open confession is most necessary. If cornered they will speak of their illness as asthma, bronchitis or any thing they think might account for their cough.

The thin, emaciated patient, with hectic, sunken cheeks, hollow eyes and that peculiar pallor are not the ones to be feared, for they bear the hall-marks of their trouble

and he who wishes may read and avoid them. Those upon whom the disease has, as yet, made but little inroad are the dangerous ones for they mix carelessly among their fellow man, taking no precaution for fear that their illness may be discovered.

I know of a woman who has known of her condition for twelve years. Her husband is a physician. She has always looked comparatively well, so that during those years she has, without comment, traveled from the Atlantic to the Pacific Oceans, from the Canadian line to Mexico; slept in the sleepers of the different roads, lived (sometimes for months) in hotels and eaten at restaurants. Once, having a hemorrhage in a hotel in which she was staying she destroyed all the linen that was soiled—not for public safety (as she acknowledged) for fear the management might find out what was the matter with her and ask her to leave. So she went on her way, rejoicing in her smartness, a living menace to all with whom she came in contact. Her husband—poor man—did, I imagine, as he was told and held his tongue. This woman was by no means an ignorant or even of ordinary ability, but one of education, culture and almost brilliancy.

Another—a society woman—who is aware of her disease, entertains constantly, belongs to clubs, goes out to luncheons, dinners, etc., a welcome guest, leaving the trail of death in the cups, glasses, spoons and forks that she has used. Of course she will say nothing about it as that would end her social career and she cares for that more than she does for humanity.

Many times have I known of women who go to sanitariums for treatment, staying all the way from six months to two years, who when their husbands come to see them, leave the sanitarium and go with them to the best hotel the place affords and stay often from a week to ten days. Of course the sanitarium should not let them go or report it to the health officer, but then

they will lose the patient no doubt and that is not to be thought of. The physician should do the same but the same reason deters him; the management of the hotel should object to receive them but the poor man has to make his money and he knows that he can charge the outside price for everything and get it. Lastly, which should also be firstly, the patient should have a greater regard for human life than to put people in such danger. As usual it comes out of the public. Unfortunately what should be done and what is done are, generally, two different things and what we have to contend against in all things is—what is done.

Money, that great buyer of most things good and all things evil, is the most potent factor in spreading as well as stamping out the disease. The sanitarium fears to lose the patient who is a weekly asset, not accounting the freedom that it allows attracting other patients. The physician, who has to make both ends meet and desires to lap them over a bit, some times stifles his conscience and gives his consent. The hotel does not mind so long as no one knows, yet those same people are thrown into a panic if a nurse in uniform is seen going in their door to attend a broken leg or anything equally as innocent. So with them it is avoid—not evil—but the appearance of evil.

It is money, money all the way through. Millions are spent every year in research, in housing and segregating the poor who are victims of tuberculosis, which is all a most excellent and necessary work; but when will America learn that in most diseases, especially those of an unpleasant nature, it is not the poor but the rich who are her greatest menace? Those who can pay enough to cover up their tracks and ensure for themselves a secretive "royal road" to cure. So it will bring them as little discomfort and self-denial as possible, regardless of others.

The poor have their responsibility taken from them and if they sin they do so in ignorance. The rich have no such excuse. When they conceal their condition they do so knowingly. When and how can the well-to-do and rich be brought to realize their responsibility in the matter of every day care? When will money stop buying immunity from all things?

Do not think that I am trying in any way to belittle the great work that has been and is being done in the world for the prevention of tuberculosis and its cure, for I am not. I greatly appreciate it. No one could help doing so; enough can not be said in praise of it.

Are we like Mark Twain's story of the blue jay I wonder? I think it goes like this: A blue jay, being of a far-seeing turn of mind, decided to lay up enough nuts for his winter's store. He picked out a nice knot-hole in an empty house. The house was easy of access and being empty it seemed most desirable for his purpose. All day long he carried nut after nut and deposited them in his storeroom. Suddenly he realized that he had worked a long time with no apparent result, the hole showed no sign of filling up. He craned his neck in but could not see the sign of a nut. He flew away, brought another nut,

dropped it in to the knot-hole but heard nothing, as darkness enveloped the nut. Puzzled, he looked around, and spying a friend of his, he called to him and told him of his difficulty. The friend brought a nut, dropped it into the hole but nothing happened. Sighting other friends they called to them until there were about twenty jays talking, fluttering, scolding and flying about. One young jay circled around and around the house and finally lit upon the open door. He looked down and to his consternation there upon the floor were all the nuts that had been carried. The knot-hole opened down into a large room and the room opened into the wide world.

The physician and all the other peoples' care is useless unless they have the cooperation of the patient. It is easy to do many things without the knowledge of the physician and, as I have said, except in extreme cases the outsider cannot judge, so it comes up to the patient alone. It is only by their constant care, their acknowledgment of their condition when necessary, their isolation from all who are not fellow sufferers that the disease can commence to be stamped out. Perhaps that may come to pass some day but I am afraid only in the millennium. In the meantime, what?

To Relieve an Ulcerated Tooth

Suffering from an ulcerated tooth or root may be relieved by holding undiluted dioxogen in the mouth over the troublesome tooth. This should be done three or four times an hour, followed the last time with clear listerine.

Repeat this treatment occasionally for a few days and all soreness will disappear.

E. C.

Department of Public Welfare

Rural Hygiene

IT IS a well-established fact that the epidemics of typhoid which occur with regularity in all our great cities in the autumn do not originate in the cities themselves, but are brought from the country regions where people have been in search of health and recreation. To meet this condition various plans and crusades have been originated; perhaps the most widely known of these being the "swat the fly" campaign.

In the past session of the New York Assembly, however, there was introduced a bill which is far wider reaching in its aims, and could it be carried through, would seem to have far-reaching results. It was introduced by Senator Clayton L. Wheeler, of the Thirty-ninth District, and is entitled "An Act to amend the public health in relation to rural hygiene."

This Act provides for the formulation of a State Department of Health with ten divisions. These include Division of Sanitary Engineering, Division of Laboratories and Research, Division of Publicity and Education, Division of Public Health, and Division of Rural Hygiene; the other divisions are chiefly administrative.

The bill also calls for sanitary supervisors; rural sanitary agents; and public health nurses. The State, with the exception of cities of the first class, is to be divided into twenty or more sanitary districts. The commissioner shall appoint for each district a sanitary supervisor who shall be a physician. This sanitary supervisor shall be practically responsible for the health conditions in his district, including the

conditions of labor camps, Indian reservations, and local conditions generally. He is also to "promote the information of the general public in all matters pertaining to the public health." It is generally supposed that this will be done by lectures in district school houses.

Probably the most important provision of the whole Act is that at the end, which provides that the commissioner of health whenever he may deem it expedient so to do, may employ such number of rural sanitary agents and public health nurses as he may deem wise within the limits of his appropriation, and may assign them from time to time to such sanitary districts and in such manner as in his judgment will best aid in the control of contagious and infectious diseases and in the promotion of public health. The public health council shall have power to prescribe by regulations the duties and qualifications of rural sanitary agents.

It will be seen what a very important field this opens to trained nurses. In many parts of the country there are already district nurses, and should such a measure be adopted in such regions, the district nurses would naturally come into positions thus afforded. Where such public nurses, however, are not already on the ground, this scheme affords a chance for interesting work, owing to the fact that the chances offer room for much initiative accompanied with freedom of movement and opportunity for civic usefulness.

The bill passed both houses, but at this writing has not been signed by the Governor.

Lectures to School Girls

Miss Sarah Helbert, who has been employed for several years by the Anti-Tuberculous League of Cincinnati, to give health instruction to school children, particularly regarding tuberculosis, is now giving a series of practical lessons in personal hygiene to school girls of the eighth grade. The lessons are to include shampooing, the care of the hands, especially the nails, rules for bathing, for sleeping, for keeping the back straight and the figure erect, for expanding the chest, etc. Each girl entered in the class is carefully measured, the figures recorded in a note book. At the end of the school term her chest expansion and other measurements again will be taken, to show how much improvement has taken place.

"These lectures are the outgrowth of the summer camp work. I found that children responded readily to suggestions as to how they should act in simple matters of hygiene and personal appearance and volunteered to give them in school as far as possible," Miss Helbert stated.

When this series is concluded she will organize classes for "little mothers," for special instruction regarding the care of babies and smaller children.



Industrial Nursing

Miss Stella Adema, a graduate of the Buffalo Homeopathic Hospital, has taken a position with the Republic Metalware Company of Buffalo.

Many corporations are now recognizing the advantage of establishing a trained nurse as a part of their equipment, for these are days of conservation.

With headquarters consisting of a dainty little rest room and a dispensary and dressing room adjoining, the employee who is taken suddenly ill or who meets with an accident, receives skillful and prompt care and attention.

Aside from the professional care given to

patients, the opportunities for welfare work are many; gradually the employees are coming to look upon the nurse as counsellor and friend; many a case of domestic or financial worry has been adjusted by the advice of the nurse whose years of hospital experience in caring for humanity has probably given her a judgment not possessed by the average factory worker. It would be well if more nurses who are finding the field of private practice overcrowded would seek to establish first aid and welfare work in industrial plants, where large numbers of men and women are employed. The "efficiency staff" of the Republic Metalware Company has taken a step in the right direction.



The Abolition of the Whisk Broom

Mrs. S. Louise Patterson, of Cleveland, Ohio, makes a plea for the abolition of the practice of brushing passengers in the body of a Pullman coach. She says: "The traveling public seems to be totally unaware of the effect of this practice on fellow passengers, and its danger to their health. I have seen the health officer of a big city and the head nurse of a medical dispensary stand up while the porter transferred the dust from their garments upon their fellow passengers. The Pullman Company claim to have some rules requiring the brushing to be done in the little narrow hall. This works a hardship to passengers in either end of the coach. What is needed is total prohibition of the practice in the coach, and the archaic whisk broom replaced by a modern process for the accommodation of those who wish the service.



Instructive District Nursing

The annual meeting of the Instructive District Nursing Association, of Boston, Mass., was held February 26. Miss Mary Beard, director of the association, read an annual report. In part, it follows:

"For the year ending January 31, the receipts for the general work of the Association were \$72,180.47, and \$61,718.58 was expended.

"Legacies amounting to \$900 have been received for the permanent fund, together with donations amounting to \$3,131.82. A legacy of \$2,500 was made to the reserve fund.

"Three new nurses were added to the staff February 6, 1913. We have now 49 salaried nurses, 2 domestic educators (visiting housekeepers), 5 pupils and 19 students.

"Last year at this time there were 43 salaried nurses, 5 hospital pupils and 19 students.

"The greatest change in the staff has come through the gradual accomplishment of a plan adopted two years ago—that of acquiring a permanent staff rather than temporary nurses who changed from time to time. In this way 22 permanent staff nurses have been added since February, 1912, and 16 of the 22 since last February. This is the most important change which has occurred this year. All these nurses are graduated of one or the other of our courses in public health nursing, that is, they are women who want to do this sort of nursing more than any other work, are full of enthusiasm and have made sacrifices to obtain a special education for it.

"During the year we have had 10,536 new patients and made 120,597 visits, 600 more patients than a year ago and 10,000 more visits. One-half of these are free patients. Many of these 5,000 free patients are 'free' patients only because illness in the family was the one last expense impossible to meet. Among them there have been a good many

real 'problem cases' known to many agencies and helped by them."



Baby Saving Campaigns

The Children's Bureau will issue an annual bulletin in the interests of child welfare. What the American cities are doing and can do toward preventing infant mortality and the high death rate of children under five years of age is the subject of a bulletin issued recently. Some points brought out are as follows: Regarding parental care of expectant mothers municipalities are just beginning to awaken to the importance of this kind of work and to understand that much of the waste of infant life is due to causes that were operative before the baby was born. Some cities have a special maternity nurse, who gives all her time to these cases; other cities direct the general nurses to take charge of them.

As to the instruction of mothers, since it is useless to send pure clean milk into a dirty home to be handled by an ignorant mother or older child, instruction of the mother becomes a necessary feature of the milk station or a part of the duty of the visiting nurse. The instruction is often supplemented by public lectures.

Referring to visiting nurses, it says: "It is the opinion in some cities that visiting nurses, sometimes called 'Instructive Visiting Nurses,' should take precedence over all other forms of welfare work. The duties of such nurses consist in following up the cases brought to the clinics and in general welfare work in connection with the babies in the congested districts."

Gleanings

Pneumonia

After referring to the incidence of pneumonia the influences of race, sex, and age upon its causation and its etiology, Sir James Barr in *British Medical Journal* has this to say regarding its prevention: Any septic condition of the mouth increases the virulence of the pathogenic organisms, and so a foul-mouthed individual is usually a greater danger to himself than to others. The mouth should always be kept perfectly clean and as aseptic as possible and the teeth in good order. The nasal passages and throat should be kept clean with some simple oily preparation, such as pure liquid paraffin, as they are frequently the paths of infection for pneumonia, rheumatic fever, influenza, diphtheria and cerebrospinal fever. In the treatment of pneumonia he is in favor of the injection of pneumococcal vaccine and is absolutely opposed to the administration of phenacetin, antifebrin, and other coal tar products. Indications for treatment of cardiac failure are, 1. To lower the temperature and control the inflammatory process at the earliest possible period, before stagnation of the blood and hepatization have taken place, and thus preserve as far as possible the integrity of the respiratory apparatus; this also lessens the risk of involvement of the nutritive vessels of the lungs; 2. To maintain fair systemic blood pressure; 3. To keep the respiratory pump acting by lessening the frequency and increasing the depth of the respirations; 4. Remedies to lessen the toxemia and maintain the tone of the cardiac muscles; 5. Methods to lessen the spread of the mischief. In order to limit the spread of the disease the administration of lime salts is recommended. In the acute

stages of pneumonia the more scanty and more sticky the expectoration, the more viscous the blood, the more lime salts and leucocytes it contains the more favorable the prognosis; on the other hand, the more fluid and hemorrhagic the expectoration, the more liquid the blood, the less the lime salts and leucocytes, the worse the prognosis. Pneumonia should always be regarded as a serious disease; no matter how mild the case may at first appear, you cannot always forecast how it may develop, and every medical man in dealing with this affection should feel the responsibility of a human life in his hands. It has been said that young men kill their patients and old men allow them to die, but Sir James points out that early recognition and prompt treatment in all cases of pneumonia will save many a valuable life.



The Psychic State of the Surgical Patient

There is an interesting fact concerning the psychic state of the patient at the time of the operation. If the patient is in grave doubt as to whether or not he can survive the operation; if he lacks confidence in the hospital or in the surgeon, the patient has what in psychology is known as a low threshold, and if he goes under the anæsthetic in this state, the effect of any physical injury will be augmented and throughout the entire anæsthesia there is manifested the evidence of fear in the respiration and the pulse, and in the way in which he reacts to the anæsthetic and the trauma of operation. These patients take the operation poorly. It is as though the patient went under the operation with his motor set at

high speed, so that the energy of the body is consumed more rapidly, and hence the exhaustion or shock is increased—*Geo. W. Crile, in the Southern Medical Journal.*



Purgation for Diarrhea

The good results of purgation in all acute and benign cases are too familiar to need further emphasis. Our experience in this series of cases goes to support the traditional belief that purgation, by means of castor oil or magnesium sulphate, is second only to rest in bed as a remedy for diarrhea. We have seen no special reason to prefer one of these two purges to the other. Either is usually efficient.—*Richard C. Cabot, in the J. A. M. A.*



Sterilization of Scalpels

While it is generally recognized that the sterilization of metal instruments can be more reliably effected by boiling them than by the use of antiseptics, and accordingly most instruments are submitted to this process, a notable exception is made of cutting instruments, such as scalpels, which of all instruments ought to be perfectly sterile. The objection to boiling these arises from the fear of impairing the keenness of the blades, and consequently many surgeons content themselves with the method of sterilization by antiseptics. It is quite true that knives can be damaged in the course of boiling, both mechanically and through the softening of the steel, but it does not necessarily follow that they need be, if proper precautions be taken. Mechanical damage resulting from the contact of the knives with each other in the course of boiling can easily be avoided by placing them in a special rack in the sterilizer. The more serious impairment of softening caused by the subjection

of the knives to the temperature of boiling water for prolonged periods can be prevented by chilling them immediately upon their removal from the sterilizer, by plunging them into cold alcohol, for it is the gradual cooling which destroys the temper of the steel.—*The Hospital.*



Diminishing Post-Anæsthetic Sickness

Several years ago I came to the conclusion that post-operative vomiting was mainly due to the nauseating smell of the anæsthetic (particularly ether), which often hangs about the nasal cavities for days. To obviate this I apply eau de Cologne on a mask immediately on ceasing the anæsthetic and instruct the nurse to continue to do so for half an hour after the patient is back in bed.

I do not for a moment suppose that eau de Cologne possesses any specific virtue for the purpose, but simply replaces an unpleasant smell with a pleasing one. The results are so satisfactory that I now practice it as a routine.—*E. M. Barker, British Medical Journal.*



Baby Welfare Hints

A green stool in an infant should be regarded as a danger signal, and castor oil should be given, no matter how trivial that disorder. Later a cereal decoction should be given for a day or two, and when milk is resumed it should be given in small amounts. It is a safe assertion that nearly all children are over-clad in warm weather. Defective heat radiation is a factor of no little etiological importance in summer diarrhea. A knit belly band and a cheesecloth napkin constitute the proper apparel for a hot and humid day.—*C. G. Kerley, in Medical Record.*

Editorially Speaking

A Plea for Moderation

Trained nursing of the sick, in all of its branches, is, as we know, of comparatively recent development. It was in the hospital that nursing first received serious attention, partly because the public felt in a measure responsible for the care given there, and partly because it was in the hospital that the nurse got her training for what ever nursing she was to render later. At first therefore attention was devoted entirely to the hospital training of the nurse and hospital nursing was brought to a high degree of efficiency. A craze for the hospital care of the sick was the result, and it was thought that every one when sick should go to the hospital.

Within a few years, the public has become much interested in general philanthropy, and social betterment work, and attention in nursing circles has become centered on district nursing—a branch of nursing little thought of in the past. As the demand for competent district nurses has increased, interest has been diverted from the hospital, to the field of public service, which, as a consequence has developed rapidly and widely, from simple district nursing, to the great movement of public health nursing. A wonderful movement to which too much praise can hardly be given. As in the case of the hospital, much good has been accomplished, and there are great possibilities for more. But here again, as is so often the case with new undertakings, those interested seem to have gone fairly mad on the subject. Everything seems to be forgotten but this one opportunity, this one branch of nursing. The private nurse once considered to be the most important factor

in nursing, the one meeting the greatest need on the part of the public, would be in danger of annihilation, if those in charge of nursing affairs had a free rein, and the need for her services were not a permanent and vastly important one. The theory seems to be that the hospitals and the public health nurses of one kind or another, are in the future, if not in the present to care for all the sick, unless it be that the wealthy continue to employ the trained nurse in the family.

It is strange that those who insist that people of moderate means have the most highly skilled nursing service, should in the same breath maintain that one or two visits a day from the public health nurse is just as effective as having a nurse in the home all the time. Yet that is substantially their claim. The general public will never see the matter in that light however. Public health nursing is a great boon to the poor, as it gives reasonably good care at little or no expense, and in cases of serious illness the patient can be taken to the hospital. People of moderate means can pay a reasonable sum for the care of their sick at home, and they are not as a rule, going to send their sick to a hospital, neither are they going to be satisfied with one or two calls a day from a nurse. In other words, public health nursing will not touch the middle class, except in so far as it benefits the whole community through its services to the poor. Even if there were any prospect of its doing so in the future, it is not doing so now, and whatever consideration we may have for the generations to come, "and the children yet unborn" our first duty is to the present generation,

on whose health and well being the future generations depend. Despite every thing done by Boards of Health, each year sees epidemics of disease in some locality, and this is apt to be the case for years to come. We still suffer from communicable diseases—within a few weeks one of New York's most prominent physicians died, a victim of scarlet fever. If the trained nurse is not to be at the bedside, to care for the patient and carry out the doctors orders, who is to do it? Does not the greatest safety lie in the nurse's constant attendance at the sick bed? How many times does a doctor say to a patient "The nurse can do more for you than I can do." She cannot do it, however, by dropping in once or twice a day as the doctor does, but by being constantly at hand, and watching closely conditions and symptoms.

Public health nursing is a most valuable department of nursing, with great opportunities for education and prevention of disease, but it has the very regrettable feature that it lends itself easily to politics. It opens the way to the appointment of inspectors of various kinds, each with a salary from the public treasury. For this reason it is necessary to practice moderation, and not run to extremes in our enthusiasm for this work. When any work that vitally effects the public welfare gets into politics, the results appear in decreased efficiency. Nursing should be kept out of politics, and home should remain home in sickness as in health. Hospitals are for those who cannot receive proper care at home, notably for those who cannot afford such care, though naturally there will always be some patients, whatever their financial status, who can be better cared for in a hospital. The pressing need is for better home care of the sick, and the fact must be recognized, as it does not seem to be recognized at present, that continuous care in the home is far better than any form of visiting nursing care, valuable as that may

be under certain conditions. It should also be realized that this being so, those who can pay for such care, are going to demand it, whether they get the fully trained nurse, or an inferior article. Visiting nurse care of the sick is bound to be confined to those who can afford no other, and to whom accordingly, it is a great blessing.



The Panama Medical Corps

There is naturally at this time not only a national but a world-wide interest in the Panama Canal. It is undoubtedly one of the greatest, if not *the* greatest engineering achievement the world has yet witnessed. The overcoming of almost indescribable obstacles, both natural and artificial, make strikingly evident the master minds and the unwavering perseverance of the engineers to whom the nation may indeed point with pride. The appointment of Col. Goethals as Governor of the Canal Zone is but a fitting reward to the great man, who with his associates have accomplished the stupendous task at which other nations so completely failed.

Wonderful, however, as has been the constructive work of the Army engineers, one must not fail to remember how impossible it would have been to carry on and complete this undertaking had it not been for the bravery and tireless efforts of the men and women who have comprised the medical corps at Panama.

When one recalls what a pestilential spot this strip of land connecting the two continents was at the time the work began, and compare it with the healthful, delightful locality it is today, we can hardly fail to realize that a large share of the glory and honor of the completion of the Canal belongs to Colonel Gorgas, his associates and helpers, who converted the disease ridden land into one of the garden spots of the world; who cared for the sick and the injured, be they black, yellow, red or white,

and who both preached and practiced the doctrine of prevention.

In practically every missionary field throughout the world we find trained nurses doing their share, but there are no missionary nurses in the most remote corner of the globe who deserve greater praise and appreciation for their bravery and fearlessness than the pioneer nurses at Panama.

Without the efficient medical force in the Canal Zone, it is safe to say the Canal would never have been completed; so when with pomp and ceremony this Great Right-Of-Way between the two oceans is officially ready to begin its tremendous economic saving purpose, let us not forget those who made both living and working at Panama possible.

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Communicable Diseases

The chapter in our series of articles on the Nursing of Children—Communicable Diseases—which appears in this issue is noteworthy in that it gives the technique of the new "aseptic nursing," by means of which cross infection in contagious hospitals has been reduced to a minimum, and improved results of every sort obtained. This form of technique originated at the Pasteur Institute in Paris, and was first used in this country at the City Hospital, Providence, R. I. Very few hospitals have yet adopted it, as it is not yet well known, but it is unquestionably the coming method. Miss Goodnow has recently made a special trip to Providence to see these methods in actual practice, and has drawn some of the material for this part of the article from the published reports of the Providence hospital and from Dr. Chapin's book, "Sources and Modes of Infection."

The Hospital for Sick Children at Toronto, the Isolation Hospital at Jacksonville, Fla., and the contagious department of the Ohio Valley General Hospital have arranged their buildings for using the new technique and are gradually putting it into practice.

Pending Liquor Legislation

Probably there will always be a division of sentiment on the part of the medical profession as to the value of alcohol as medicine, and among laymen as to the benefit of alcohol in strictly limited quantities in ordinary life, but as to the abuse of alcohol there is, of course, only one opinion. How to control that abuse is another question which again agitates and divides very excellent people on the question of method.

Beginning with Maine some fifty or more years ago, the experiment of prohibition has been tried out in several states of the union; some of these states have continued the practice, while others felt that they achieved better results under high license, and have left the prohibition column. Nevertheless, the last few years has seen an enormous increase in prohibition sentiment, especially throughout the South.

At present we find that prohibition is extremely active. In Congress, Richmond Pearson Hobson has introduced a bill looking for an amendment to the federal constitution. This amendment would provide for federal regulation of prohibition throughout the United States. Under the Seventeenth Amendment, which would be its number in case the constitutional amendment went through, not only would prohibition be nation-wide but this constitutional amendment would also supersede all prohibition laws in individual states. It would also probably cut off the importation of wines and liquors, as there would be no object in importing them if they could not be sold.

The bill before the Assembly at Albany introduced by Wilmot E. Knapp, was intended to regulate the sale of alcohol in beverages through the Pure Food Law. Under this bill all beverages containing alcohol must be labeled "Poison" with the skull and cross bones displayed. It is not quite apparent what proportion of alcohol

must be present to necessitate this label, but some of its promoters claim that it should be present even on the light beers. The only precedent for such legislation, as far as we can gather, is that some years ago the Russian Douma, with a view to restricting the use of alcohol among the Russian peasants, where drunkenness is a most fearful curse, resorted to the expedient of demanding that every bottle of Vodka should be labelled with a large skull and cross bones because so very few of the peasants could read enough for the word "poison" to be of any use. As the manufacture of Vodka in Russia is a government monopoly of course the enforcement of such a decree was easier than it would be of a similar measure in this country.

Trained nurses coming in frequent contact with the wrecks of alcoholic excesses must necessarily be interested in all legislation looking to the abatement of this evil, whether they agree as to the wisdom of the methods to be employed or not.



"Physician and Nurse"

In a letter to the New York Evening Sun, Miss A. W. Goodrich made the claim that the word "nurse," in its relation to the practice of nursing is analogous, not to the word "doctor" in its relation to the practice of medicine, but to the word "physician." She then went on to set forth at considerable length how the word "physician" is restricted by law in New York State to mean

"a practitioner of medicine," and how the word "nurse" can and should be restricted "in like manner," "to the duly qualified person."

There are three objections to these assertions: (1) The words "doctor" and "physician" are synonymous, according to the Century Dictionary; (2) Not the use of the word "Physician" but "the practice of medicine," is restricted by the New York law (see New York Public Health Law, Article 8, pp. 160); (3) The word "nurse" cannot possibly be restricted "in like manner" without being made to mean a practitioner of nursing, and so barring all but "the duly qualified person"—that is the highly trained nurse—from the practice of nursing, otherwise the care of the sick, and this, even the nurse dictators acknowledge the public will never stand for.

It is the same old story of trying to make nurse and physician parallel terms, when no real parallelism exists. Who would countenance for an instant the restriction of the care of the sick to the highly-trained nurse? Yet if the law for the registration of nurses were made really analogous to the law for the registration of physicians, that would perforce be the result. We think the writer of the letter in question, reads into the New York law for the registration of physicians what she would like to find there, but she fails to note the lack of analogy between the phrase "the practice of medicine" in the one law, and the phrase "to practice as a nurse," in the other.

There are those who, bending supple knees,
Live for no end except to please,
Rising to fame by mean degrees,
But creep not thou with these.

UNA.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Queen and Nurse

It is only natural that great interest should center in the coming to this country of the Queen of Bulgaria, and in the fact that she is a trained nurse. It is not, however, generally known or realized in this country that the fact of her having had hospital training and even active service is not regarded as unusual nor exceptional among women of the Prussian aristocracy, to which she belongs by birth.

Princess Eleonore Caroline Gasparine Louise zu Reuss Köstritz was born in Trebschen in Silesia on August 22, 1860. Her nurse's training was what we should call "Red Cross" training, but is known in Germany as that of the "Johanniter" Sisters. The princess was for some time in a hospital at Dresden, and later held the position of district nurse in Luben. This position, which is entirely voluntary, is often held by women whose families own large estates, and while they do much personal work, they frequently have several nurses serving under their directions. As still a Prussian princess, the Queen felt much interest in medical conditions in the Army. She visited and personally inspected military hospitals and was the efficient patron of all new inventions tending to facilitate hospital operations on the field of battle. In connection with this there is a rather amusing story current. On the occasion of the autumn maneuvers of the Army in Silesia the Princess was asked to review a corps of hospital attendants. After they had performed a drill of carrying their stretchers with supposedly wounded occupants, etc., the Princess asked one of them the question, "If you found a wounded enemy on the field, what would you do for him?" The soldier stolidly replied, "Stick my bayonet through him." The Princess exclaimed in horror, "Oh, no. What would you do?" appealing to the next. "Oh, torture him a little," he replied, indifferently. "Worse still,"

said the Princess. "And now you?" addressing the third soldier. "Kick him over with my foot and see if he was dead," was the answer. The Princess in despair appealed to the fourth soldier, who in reply said, "Notify the first surgeon I met, get him taken to the hospital, where he would soon die." "Good, good, that is the right answer," exclaimed the relieved non-commissioned officer in charge of the squad. It is said that the Princess used this story very effectively in inducing the highest military officials to grant several reforms and improvements which had long been desired by the medical branch of the service.

As the Queen was not married until 1908, she was, of course, no longer a young woman, but it was not from lack of many suitors, as she was greatly admired and sought after. Her devotion to her chosen calling was so great that she twice refused the King of Bulgaria. What her activities were during the late war in the Balkans is too recent history to need recapitulation here, but it is well known among her private friends that the strain she underwent at that time was so great that her journey to this country is really taken largely as a means of providing entire change of scene and thought, as well as to enable her to carry out a long-cherished plan of seeing for herself what is being done here in the way of nursing and hospital service.

American women who are inclined to think of their German sisters as typifying only the hausfrau will find much interest in the Queen, not only as a queen, a princess and an organizer of marked ability, but as a member of a large and growing class of women, especially in the higher aristocracy, who can teach us that when German women give their minds to it they take into their chosen work a thoroughness and a perfection which we may well despair to imitate.

Dispensary Abuse

This hackneyed subject has furnished material for discussion in medical, hospital and charitable organizations for many a year. It bids fair to be on the programs of such gatherings for some time to come, or to be thrust into the discussion before the program is concluded; and somehow no one seems to throw much light on it. Most physicians when they discuss dispensary abuse, take the stand that this abuse consists solely in patients being treated at the dispensary, who were able to pay for treatment at the office of some physician. In recent years the slipshod work of most dispensaries has been the subject of much comment, and real effort has been put forth in many places to improve it. How much success has attended these efforts is hard to estimate.

There is a side to dispensary abuse which is much less discussed in medical circles. It may possibly be worth thinking about. There passes my door nearly every day a little lame boy, probably about ten years old. His foot is crooked and misshapen. I had seen so many crooked feet made straight, and was so confident that this little fellow's deformity could be relieved, that I inquired and found out where he lived, and went and talked with his mother. They are simple-hearted, hard-working people, hardly subjects for a dispensary, yet needing to economize in every way possible. This is the story I heard.

The mother told me that soon after the child was born, when they discovered that the foot was crooked, they took him to the doctor who had been present at his birth. He told them he "could soon fix that trouble;" and he had the child under his management for several months. He seemed to be doing him no good, so the parents stopped going to him. They found it hard to pay the cost of the visits.

Several years after, the father decided they ought to "try to do something for Benny," and they consulted a neighborhood doctor. They had moved to a new neighborhood, and one of the neighbors recommended Dr. T. as "such a nice man." Dr. T. said that "of course Benny could be cured," but he would have to be operated on. So he was operated on at home. The operation cost them one hundred dollars, and the after care and treatment half as much more—and Benny was no better when it was all through with. It took them over two years to get that doctor paid and they dreaded to go to another till they got that bill paid. Meantime Benny's chances of relief from his deformity are slipping away.

They did not go to a dispensary with Benny—that might have been called "dispensary abuse." Just what term should be applied to a doctor who undertakes a case of that kind, abuses the people's confidence in him, and gets their money under pretence that he is fitted to handle successfully a case such as Bennys. How common is this form of "abuse"?

A year or two ago, a charity worker who had investigated several thousand dispensary applicants, and found very few indeed who did not seem to be entitled to dispensary benefits. She made a plea in her report for some form of paying dispensary, or some system whereby those in the middle class, who are struggling to make ends meet and at the same time live respectably—those just above the poverty line, might have some of the benefits of skilled consultation and advice at a reasonable rate—some of the benefits which the poor now receive gratis, and the rich are well able to pay for.

There is no doubt that many who now seek dispensary privileges do so because they have confidence that at the dispensary or hospital they will get skilled treatment such as their case needs—and they go there, only after an experience such as Benny's parents have had with "neighborhood doctors" who have taken their money and left the afflicted one, either not any better, or worse than before.

The timid suggestion of the charity worker may not be feasible, but it may be that ten or twenty years from now we may be wondering why it was not tried out before.



Kitchen Management

In discussing the questions "How can the cost of the staff dietary be separated from that of the patients, fed under the same roof?" "How does the housekeeper distinguish between the provisions sent in by the same tradesmen and cooked in the same kitchen?"—a writer in *The Hospital* (Nov. 15, 1913) writes as follows:

"The simplest way of differentiating the cost of the nurses' and officers' board from that of the patients is to have a separate kitchen and cook for the nurses' home, while the officers' board is contracted for or supplied by the college. But this plan is not a complete panacea for entangled accounts. It will be found in practice that even in hospitals provided with separate kitchens a certain amount of food for others besides patients has to be cooked in the hospital kitchen, and without a good system of accounts the cost of each section of the household will still be unas-



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ELEANOR, QUEEN OF BULGARIA

(See Page 299)

certainable. On the other hand, by means of a good system, it is possible to keep entirely distinct the cost of boarding two, three, or four sections of the household whose food is all prepared under one cook, in one kitchen. How is it done? At St. Bartholomew's Hospital the kitchen serves the needs of close on a thousand persons. At the head of this well-organized department is the head cook, and under her are nine kitchenmaids. The preparation of the food for the various sections of the household is divided among various maids, each responsible for her own department. At one side, for instance, is the place appointed for the maid whose sole duty is the patients' fish. Another maid has charge of provisions for the nurses' table. At another, pastry and sweets are made for the officers' table. Another maid has charge of the rations for the domestic staff. All supplies, as requisitioned by the housekeeper, are referred to their proper place, and no confusion can take place because no overlapping is ever allowed. Convalescent patients, nursing staff, medical officers, and domestics may all have roast beef for dinner, yet the joints for each table are kept entirely distinct, following the requisition sheet made out the day before. Any meat or other kind of food left over is returned to its own department, and through all the immense coming and going of provisions a clearly marked dividing line of administration keeps the food for each section of the household distinct no less definitely than if four separate kitchens were at work. The same admirable organization may be seen at work in the big kitchen at St. George's Hospital, though there the numbers are far less. So far, then, as regards kitchen management no difficulty need be anticipated in keeping the food supplies distinct. All that is needed is a cook trained to observe a good system and capable of training her subordinates."



Endowments of Hospital Beds

There was probably a time in the history of hospitals when a contribution of five thousand dollars provided for the support of a free bed in a hospital. But that day is long past and the interest on five thousand cannot be depended on—with the present high cost of living—to support a bed for much more than six months.

Yet there are hospitals—far too many of them—which continue to publish the untrue statement that a five thousand dollar endowment supports a free patient for one year. Such a statement is unjust to the hospital and unjust

to the people who, knowing little of hospital maintenance costs, are led to believe that the sum they are offering will do what it manifestly will not, and does not do, in any average hospital providing a good grade of care.

In this connection the following statement regarding "Endowments" of the Children's Hospital, Washington, D. C., contained in the report for 1913, might well serve as a model for other hospitals who still continue to publish the untrue statement that a contribution to the endowment fund of \$5000 will support a patient in a free bed for a year.

ENDOWMENTS

Every contribution of five thousand dollars shall entitle the contributor to confer a name upon a bed, which shall ever thereafter bear the name selected; and the contributor shall be entitled, from time to time, during his or her life, to designate the patients, one at a time, to occupy said bed.

Every contribution of five thousand dollars by a State, City, Town, Church, Sunday-School, Corporation or Association, shall entitle the contributor to confer a name in perpetuity upon a bed, and from time to time, during the period of twenty-five years immediately following the receipt of contribution, to designate the patients one at a time, to occupy said bed.

Every contribution of twenty-five thousand dollars by a State, City, Town, Church, Sunday-School, Corporation, Association, or individual, shall entitle the contributor to confer a name in perpetuity upon a ward of eight beds, and from time to time, during the period of twenty-five years immediately following the receipt of such contribution to designate the patients to occupy the beds therein, one patient at a time in each of said beds.

Every contribution of five thousand dollars by will, shall entitle the testator or testatrix in and by such will likewise to confer a name in perpetuity upon one bed; and every contribution of fifty thousand dollars to confer a name in perpetuity upon a ward of eight beds; and to nominate one person in whom shall be vested from time to time during his or her life, after the receipt of such legacy, the right to designate the patients to occupy such bed or beds, as the case may be, one patient at a time in each bed.

All endowment funds shall be so invested as to yield an income, and only the income arising therefrom shall be used for the current expenses of the hospital. Every name conferred upon a bed or ward shall be subject to the approval of the Board of Directors, and the name selected shall be engraved upon a tablet to be placed over the bed or door of the ward respectively.

ANNUAL RENTAL OF BEDS

Every contribution of two hundred dollars by a State, City, Town, Church, Sunday-School, Corporation, or Association, shall entitle the contributor from time to time during the period of one year immediately following the receipt of the contribution, to designate the patients, one at a time, to occupy one bed.

MEMORIAL BEDS

Every contribution of five hundred dollars by a State, City, Town, Church, Sunday-School, Corporation, Association, or Individual, shall entitle the contributor to confer a name in perpetuity upon one bed; and every contribution of ten thousand dollars, to confer a name in perpetuity upon a ward of eight beds.

Every name conferred upon a bed or ward shall be subject to the approval of the Board of Directors, and the name selected, as well as the name of the contributor, shall be engraved upon a tablet to be placed over the bed or door of the ward respectively.

**Dr. Hurd on the Small Hospital***

Dr. Henry M. Hurd, of Johns Hopkins Hospital, in a recent article writes as follows:

"Few educators realize how much can be done to train and perfect the general practitioner by a year of service in a small hospital. . . . In the small hospital, apart from centers of population and medical schools, the young medical man has only himself to rely upon. Patients apply as isolated cases demanding immediate relief, because of an urgent necessity for treatment. The resident physician or surgeon cannot select a special case in which he may be interested and refer another to some other hospital designed for treatment of another equally special case. The emergency must be promptly met and the responsibility for proper treatment cannot be shifted to other shoulders. Such responsibility, if bravely assumed by a competent man, makes for his growth and development. . . . Every town of ten thousand inhabitants not easily accessible to a city ought to establish an independent hospital. A good hospital with an operating room equipped for a clean surgery, with a well-trained nurse and a competent surgeon, is a valuable and necessary asset for every such town or large village. No one can foresee when such a hospital may be called upon to save a life valuable to the whole community. Many towns possess such hospitals through the efforts of self-sacrificing and public-spirited men and women. All honor to them!"

**Unsatisfactory Hospital Architecture**

In a recently published article, Mr. T. J. Van Der Bent, of the firm of McKim, Mead & White, assigns the following as the causes of unsatisfactory hospital architecture.

1. The selection of an incompetent or inexperienced architect.
2. Insufficient knowledge in matters pertaining to the needs and requirements of the new building on the part of the building committee, the direct-

*The Modern Hospital.

ors, trustees, etc., or those directly in touch with the architect.

3. The lack of unanimity in deciding different questions of management and medical problems, which influence the planning and construction.

4. Changes in personnel of the institution in higher as well as the lower offices. In this connection often lack of harmony between different departments.

5. The lack of a complete program before the site is obtained and plans are started for the new structure.

6. The failure to appoint a competent medical adviser at the same time when the architect of the building is selected.

7. Judging of competitive plans for a proposed new institution without proper data for comparison.

**Planning for Private Patients**

Dr. S. S. Goldwater, in a recent article on "Planning for Private Patients," states that a hospital exclusively for private patients is not a desirable institution, neither is one exclusively for ward patients.

His contentions are that hospitals exclusively for one class of patients are much more difficult to finance, and that patients who come into contact during their hospital stay with only their own class miss an educative experience which is valuable alike to the community, the hospital and the patient.

**St. Luke's, Jacksonville, Fla.**

On January 24 and 25 occurred the opening of the new St. Luke's Hospital, Jacksonville, Fla.

The hospital owns a block of ground which was given by the city for hospital purposes. There are eight buildings in the new group, and there is room for six more. The present buildings are the Administration Building, containing offices, operating rooms, accident department, X-ray department and superintendents' and internes' quarters; the private pavilion, containing a few small wards and twenty-eight private rooms, eight of which have bath in connection; the public pavilion, consisting of large and small wards and isolation rooms for very ill patients; the nurses' residence, providing for forty nurses in single rooms, reception and lecture rooms, etc.; the service building, where are kitchen, diet kitchen, dining rooms and servants' bedrooms; the power plant and laundry building. These six belong to St. Luke's Hospital Association. In addition, the city has built in the same group, two pavilions for contagious

cases, one for white and one for colored patients. The two buildings for contagious cases represent the very latest architecture for that class of work and are not surpassed in this country. They are modeled after the Pasteur Institute in Paris.

There was a very large attendance of visitors on both days given to inspection, many out-of-town doctors and other people having come to see what is doubtless one of the best hospitals in the South. The buildings have been filled to their utmost capacity from the first, and patients have been refused. It seems likely that another pavilion, accommodating fifty patients, will be built within the year. In fact, plans have already been submitted for it.

Though the buildings are very plain on the outside, the color scheme of gray stucco, red tile roof and dark green blinds is most pleasing. A large roof garden for the private pavilion, one for the nurses and ample porches for the wards are excellent features.

The equipment was done by a specialist and is considered to be thoroughly up to date.



Occupational Diseases

An important step forward has been taken in the Massachusetts General Hospital in its outpatient department in the establishment of a system designed to obtain accurate information on occupational diseases. The new case history blank sets forth what the man may be doing daily which predisposes him to certain diseases. Under this new system it is expected that there will be a record of fifty thousand cases in the course of five years, and from these statistics Dr. Edsall, of the hospital staff, a recognized authority on this subject, believes it will be possible to form sound opinions regarding the causes of occupational disease and the measure of risk which is being run by the workers. This is worthy of imitation by other hospitals and physicians.



Voluntary Patients in Hospitals for the Insane

In his report to the board of control of Iowa State Institution, M. U. Voldenburg, superin-

tendent of the Cherokee Hospital, emphasizes the desirability of making provision for voluntary admission of patients to hospitals for the insane. He says: "In my report two years ago, I recommended the enactment of a law authorizing the admission of voluntary patients to our four State hospitals. I am more convinced than ever that Iowa should have such a law. In institutions where such a law is in operation, it has been found that the voluntary patients have had an encouraging influence upon committed patients. As one superintendent expresses it: 'When it has come to the knowledge of the latter class that persons, of their own accord and without coercion of any kind, have sought admission and entered the hospital with evident wish and expectation of regaining health, it has encouraged the committed patients to take a more hopeful view of their own cases and to believe that they, too, were in need of the same relief and that it could be obtained in the institution. This has had a tendency to make the committed patients more contented with their lot and look with less suspicion upon their friends and the authorities for having committed them to a hospital for the insane.' The main argument in favor of such a law, however, is the present unjust discrimination against one particular class of individuals needing medical care and treatment."



Springfield Hospital

A new hospital with eleven beds was opened on March 1 at Springfield, Vt., Isaline A. Davis, R.N., (Mass. Gen. Hosp., Class of 1889) superintendent and matron. The hospital is equipped with furnishings of very best quality, which have been provided by individuals and local societies. At first, use of operating room, three major operations in one day, were performed by Dr. Pierce, of Greenfield, Mass., assisted by local physicians and the nurses.

During the first month twelve patients have been treated, with good recovery in each case.

The townspeople are enthusiastic over the new hospital, and the service rendered there, and are aiding its support by frequent and generous donations.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Normal Salt Solution in Sepsis

To the Editor of The Trained Nurse:

I am sending an account of a case which was very interesting to me, and I hope your readers will find it equally so. A young woman, about twenty-eight, was admitted to the hospital, suffering with peritonitis, following an abortion. She was having chills, high temperature, severe pain, and abdomen very much distended. The doctors decided that her only chance lay in an operation. She was taken to the operating room, given an anesthetic, the abdomen opened and found to be full of pus. Drainage was inserted and patient returned to her room in a severe state of shock. She was practically pulseless and pupils dilated to their fullest extent. Heat was applied and strychnine and spirits frumenti given hypodermically. Normal salt solution was given per rectum. She recovered from the shock after several hours, and was then placed in a sitting position, and kept in that position for seven days. Salt solution was given at intervals of four hours. The wound drained freely, and the patient got along nicely, and left the hospital at the end of seven weeks. There was no discharge and the wound was nearly healed. After two weeks she returned to the hospital, with septic pneumonia. High temperature, small, rapid pulse and a valvular lesion. Strychnine and spirits were counter-indicated. The case looked hopeless. We started normal salt solution subcutaneously, by the drop method. This was done by using an ordinary saline can, with rubber tubing long enough to make a coil, much like an abdominal coil; this was placed on the chest and held in place by adhesive plaster. The needle was inserted in the breast and a dressing applied around it. The can was hung low, so that the saline flowed very slowly, and the heat from the body kept the solution warm. This was continued for several hours, then discontinued and repeated at intervals of four to six hours, for three or four hours at a time. After thirty-six hours there was a marked change for the better, in the patient's condition. The pulse became fuller, temperature lower, the skin moist, and there was free elimina-

tion. Patient made a good recovery, and the doctor gave the salt solution the credit which we thought it deserved. I send this, thinking it may help some nurse in private practice, in the administration of saline. M. K.



Male Catheterization

To the Editor of The Trained Nurse:

Will some one tell me *why* all this fuss over the catheterizing of male patients? I have a country practice, where we have only two doctors, one of whom has more work than he can well attend to (it is for him I do most of my work), and it has fallen to my lot to catheterize two of his male patients. Certainly I did it—why not? One of the men had passed his eighty-sixth birthday, the other was only forty-two years old. Both of them, however, very, very sick. I was called upon to do whatever my hands found to do, to make the patient comfortable, and help him get well. So I did *that*, and many other things I had never done in my hospital days. I honestly think false modesty has a lot to answer for. If I have any feeling in the matter at all, it is that I had rather do the work myself than assist. One must needs have plenty of good common sense in this nursing business, and put self entirely in the background for the time being. Now one thing more: I would like to pass on this help to other nurses—for indigestion, 1 teaspoonful of aromatic spirits of ammonia and one-half teaspoonful of baking soda to one-half glass of *hot* water. Sip it slowly. It is of great benefit when the gas is in the stomach. Your magazine is of great interest to me, and I look forward to each number with pleasure. ELIZABETH YOUNG, G.N.



Did This Nurse Do Right?

To the Editor of The Trained Nurse:

The nurses who reside in the home where I make my headquarters have been having a discussion lately which we have decided to refer to THE TRAINED NURSE. One of our nurses a few weeks ago was on a street car in the suburbs of the city, coming home from a case, when a woman fainted

in the car. Of course, there was much excitement in the car, and passengers crowded around her. Miss S. had her suit case with her, containing her hypodermic syringe, and other appliances for nursing. She gave the woman a hypodermic injection of strychnine when she did not revive promptly. The woman was taken off the car at the nearest drug store and died within a half hour, without consciousness returning. Several of the nurses say that Miss S. did wrong to give the hypodermic injection under the circumstances, without a doctor's order. They contend that in doing so she is "practising medicine without a license," liable to censure from physicians and likely to do the profession harm. Others of our number uphold her in what she did. They say that if a nurse had allowed the woman to die, without administering known restoratives which she had at hand, she would have been called criminally negligent and heartless by the public. Miss S. stoutly maintains that she was right in doing what she did. We would like your opinion on the subject.

HILDA M., Nebraska.

[NOTE—The editor is much interested in the question which Hilda M. raises, but prefers to call for opinions from nurse readers and others, rather than give her own opinion at this time. We shall be glad to have a great many expressions of opinion on the question involved: Did or did not the nurse do right in giving the hypodermic injection under the circumstances?—ED.]



In Defense of R.N.

To the Editor of The Trained Nurse:

We know when we call a doctor into the home in time of sickness, that he is a graduate of a medical school, approved by law. We know that he must pass a state examination before he can practice his profession in the state in which he lives, and we know that there is no danger of an undergraduate or a "practical" coming in his place when he is called, as he has a standard. Then why not so in the nursing profession? Here we find nurses of all descriptions, from those who are just "handy at it," to the efficient R.N. Never until we have a standard similar to the medical profession will the battle among nurses cease. Reserving the name "nurse" for the hospital graduate or R.N., looks like no small battle to win, but if accomplished all the better. We need but two classes of nurses to wait on the sick, the "practicals" and the R.N.'s, and surely the

R.N. could reduce the number of "practicals," if she had her fees like the doctor. There should be a law preventing the practical nurse from charging beyond a fixed fee. The live and let live R.N. rarely goes beyond her worth. The time has come when we need a few laws concerning the practical nurses, and to let the graduate nurses rest a bit. The graduate nurse alone should be allowed to wear the white uniform. We hear physicians addressed as Dr. So-and-So, why not Nurse So-and-So, instead of Miss? Why are we not addressed by our professional title. The registered nurse should be expected to always add the R.N. when she signs her name, whether it is an order, a check, or a bedside chart, the same as the doctors do; if she expects to be recognized, she must come forward.

M. TALMAGE, R.N.

[Our correspondent is wrong in comparing the R.N. of the nurse with the M.D. of the physician. The M.D. is a *degree* conferred by a recognized university or college. The R.N. stands for a state license to practice as a registered nurse. The letters R.N. have no place except on a business card or similar document.—ED.]



Obstetrics

To the Editor of the Trained Nurse:

Some time ago you published a set of questions of the Virginia Board of Nurse Examiners. I would feel grateful, if you would republish the set of questions on Obstetrics.

MATERNITY.

1. How many stages of labor are there? Describe each. When should the doctor be summoned?
2. How should the uterus feel under the hand after the delivery of placenta? What condition would lead you to think there might be post-partum hemorrhage? Mention three methods the nurse might employ to control hemorrhage until the arrival of the doctor.
3. Name three complications that may arise during puerperium. Give severe symptoms of each that may make the nurse fear them.
4. What is the nurse's first care of the new-born infant?
5. How many times should the umbilical cord be tied and why? In caring for cord, what special precautions must be taken? When does the cord usually separate?
6. How soon and how often should the baby be put to the breast and why?
7. How would you make and apply a breast bandage?
8. In the care of an unmarried mother, what advice would you give regarding the baby? State reasons.
9. What is a blue baby? Outline care to be given.
10. Define the following terms—multipara, subinvolution, lochia, colostrum, viable, meconium.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Nurse Training in New Zealand

In the Auckland Hospital, New Zealand, a fourth year has been added to the curriculum, this last year being given over to massage, special training in the maternity service and studies in hospital administration.

Coincidentally with this added year, says the *Modern Hospital*, the demand is made for specially qualified teachers from the medical staff, who shall be paid for their services. At the end of the course, it is proposed that those who pass creditably shall receive diplomas of a special kind. It is prescribed further that "nurses possessing recognized medical and surgical certificates shall sit for examinations, and if successful, shall receive special certificates."



Connecticut

The regular meeting of the Alumnae Association of the Connecticut Training School, New Haven, was held April 2, with the president in the chair, the secretary present, but treasurer absent from illness. Miss M. K. Stack, delegate to National Convention at St. Louis, was given her instructions. A very appreciative letter was received from the sister of the late Miss Clapp, and also a bequest from the latter for the Alumnae Association, to be used for sick nurses. Some may be interested to know that Miss Clapp was the delegate from this Alumnae to the first National Convention, which was held on Long Island. Nearly ninety dollars have been received by Miss Payne for our local endowment fund, and it is hoped that many more will soon arrive. The meeting then adjourned to May 7.

The Alumnae Association of Grace Hospital, New Haven, held its regular meeting at the Nurses' Dormitory on April 6. There were eleven members present, the vice-president, Miss Sherman, presiding. Fourteen names were accepted for membership, including the entire class of 1914, eleven in all. It was voted to tax each member \$1 for the expenses of delegate to

St. Louis. The president was given power to appoint two committees, one to make arrangements for the Alumnae dinner some time in June. The other committee is to revise the constitution and present suggestions for changes at the next regular meeting. It was voted to send reports of meetings to the *American Journal of Nursing* and *THE TRAINED NURSE*.



New York

The Seeley-Hoff nurse bill failed of passage. It was reported out of Senate committee with a number of other health measures, but was not advanced. It went to "general orders," where it remained. Public sentiment was overwhelmingly against the measure.

The regular monthly meeting of the Guild of St. Barnabas was held at the Church of the Heavenly Rest, New York City, on March 17, at 8 P.M. Miss Mabel Gerry gave a talk on "Church History." At the Monday tea on March 16, Mrs. Turnadjieff, of Sophia, spoke of the work for Bulgarian orphans.

A dramatic and humorous recital was given March 2 by the intermediate class of the Mt. Sinai Training School for Nurses. The class has recently completed a course in reading and expression under the supervision of Mrs. E. Gunn. The feature of the evening was the one-act comedy entitled "How a Woman Keeps a Secret."

Miss Anna Olsen, nurse at the Ellis Island Immigration Station Hospital, has received at the hands of the President, the silver medal of honor authorized by Congress to be bestowed upon "any persons who shall endanger their own lives in saving, or endeavoring to save, lives from perils of the sea." The award was made upon the testimony of Surgeon L. L. Williams, chief medical officer at the hospital; Past Assistant Surgeons Herring and Carmelia, and Hospital Attendant Lee, all of the Public Health Service. According

to their testimony, Martha Nevik, an alien, who was one of the survivors of the *Volturno* disaster, was detained at Ellis Island because of her demented condition following it. She developed scarlet fever, and was taken to the hospital on October 27 last. She was placed under the charge of Miss Olsen. The patient was troublesome and required constant attention. She escaped from the isolation room and had dashed out the rear door, and before Miss Olsen could seize her she plunged into the water from the dock. The nurse, without stopping to remove any of her clothing, plunged after her. It was twelve feet to the water, and the water was nine or ten feet deep. Miss Olsen could swim a bit, but not enough to warrant her going out to save another bent on suicide. It was several minutes before others arrived, and by that time the heroine had brought the woman up, after having gone down twice, and after a desperate struggle had dragged her to a piling, where she managed to hold on until the doctors and others came with a boat.

The meeting of Camp Roosevelt was held at Mrs. Amerman's, 148 W. 126th Street, April 9, at 8 P.M. Mrs. Amerman, Mrs. Taylor, and Misses Charlton, Park and Walton were present. Motion made and carried for the secretary to write to members in arrears for three or more years, asking them "if they cared to remain in Camp." Invitation received by the Camp to wedding of Miss Cecilia McHugh on April 14. Mrs. Taylor was instructed to buy a little gift in name of Camp. Meeting then adjourned, to meet Thursday afternoon, May 7, at Mrs. J. W. Taylor's, 155 W. 99th Street, after which refreshments were served by the hostess.



Pennsylvania

The regular monthly meeting of the Alumnae Association the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday afternoon, April 2, at three o'clock, the president, Miss Clara B. Steinmetz, presiding. It was announced that the annual commencement for the graduating class of 1914 would be on Tuesday evening, May 5, and the reception to the class by the Alumnae Association would be Wednesday evening, May 6, at the hospital. All graduates and friends and alumni members are cordially invited to be present. Our member, Mrs. Sterl-

ing, was reported very ill. Mrs. Baker, who has been suffering from a fractured rib, was reported as improving.

The Nurses' Dormitory of the Homeopathic Hospital of Pittsburgh, was the scene of two very enjoyable musical entertainments during the month of March. On March 5 the pupil nurses were agreeably surprised with an evening's pleasure by Miss Gittings, violin; Mr. McNab, cello, and Mr. Pickles, piano. On March 31 the Alumnae Association of the same training school, was entertained by the superintendent of the training school and her head nurses. The class of 1914 was invited to attend the meeting. A very pleasing program was rendered by Miss Burdette and Miss Hearst, piano; Miss Zoller, soprano and Miss Chadwick, reader. After the program light refreshments were served and the guests departed at 10.30 P.M., well pleased with their evening.

The regular monthly meeting of the Alumnae of the Presbyterian Hospital, of Pittsburgh, was held Monday, April 6, at the hospital. The meeting was very much enjoyed by all present.

The State Hospital Alumnae Association, of Scranton, Pa., held its eleventh annual banquet at Hotel Jermyn on Thursday evening, March 19. Thirty nurses were present. The room was beautifully decorated and good music rendered the entire evening. Miss Elizabeth Saul, the president of the Association, gave a very fine address, and introduced the guests of honor, who were Miss Carrie Lewis and Miss Rose K. Steinmetz, who are graduates of the State Hospital Training School. Miss Lewis has been in China for the past ten years, and she had many interesting stories to tell about that country. Miss Steinmetz is the superintendent of the Mary Day Nursery at Akron, Ohio. She told many of her experiences, which were very instructive. The committee in charge of the affair were Miss Elizabeth Saul, Mary Tighe, Charlotte Williams.



District of Columbia

Senator Sherman of Illinois has introduced in the Senate a bill to amend the Act to define the term, "registered nurse," approved February 9, 1907, by adding the following:

"That any person holding a diploma from a training school for nurses in the District, who was

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Theoretical and practical instruction, Lectures, Quizzes, and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Term of course: Four Months. Diploma. Particulars and illustrated prospectus upon request.

Spring Class, opens May 20th, 1914

Summer Class, opens July 6th, 1914

Fall Class, opens Sept. 29th, 1914

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutical Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

B. E. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, Fannie S. Frantz } Penn. Orth. Institute.
Edith W. Knight, Elizabeth Jamison }

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engaged for four years as a nurse in the hospital service of the United States immediately preceding the passage of this act, and who in addition has been continuously engaged in nursing since the passage of the Act, shall be entitled to registration without an examination."



Alabama

The regular annual meeting of the Graduate Nurses' Association, of Birmingham, was held at Dr. McAdory's private hospital, on Wednesday, March 11. Despite the inclemency of the weather, a very good attendance was noted.

The report of the secretary and treasurer was read, and the following officers were elected: President, Miss Denny; vice-president, Miss Mary B. Walker; second vice-president, Miss M. L. Hinson; corresponding secretary, Miss Cora Sanford; secretary and treasurer, Miss Helen McLean. A decided step forward has been made by the organization during the past year in the establishment of a local Red Cross Nursing Service, affiliated with the national organization at Washington, and the organizing of a State Association of Graduate Nurses. Brief addresses were made by Miss Denny, the president, and Dr. W. P. McAdory. Miss Helen McLean and Mrs. Cora Sanford were named as delegates to the convention of the American Nurses' Association, to be held in St. Louis in April. Following the business meeting a social hour was enjoyed by the nurses. Miss Deshazo assisted Miss McLean in receiving the guests.

Application for a charter has been filed in the probate court by the Alabama State Association of Graduate Nurses. The application for charter set out the fact that Dr. Cabot Lull, Rev. Wiloughby N. Claybrook and Sterling A. Wood have been elected to the office of trustees of the Association.

The Association is educational in its nature, and has one of its purposes the securing of needed legislation on subjects connected with the profession of nursing the ill. The officers of the Association are: Linna H. Denny, president; Margaret H. Hutton, first vice-president; Lemoyne Phares, second vice-president; Helen MacLean, secretary; Katherine Elizabeth Taylor, treasurer; Beulah Hope, Cora Howson Sanford, Annie E. Sharp, Julia Taylor Dainwood and Emma Deshazo, executive board.



Mississippi

The regular meeting of the Graduate Nurses' Association was held in the parlor of the Hatties-

burg Hospital, Hattiesburg, Miss., on Wednesday, March 18. Two new members were received. Among other lines of work, it was decided to furnish a room in the new annex of the Hattiesburg Hospital, to be known as the Graduate Nurses' Association Room, the room to be used by members of the Association who are ill. Plans for a nurses' club were discussed, but no definite action taken. After adjournment refreshments were served by the president, Miss Jennie M. Quinn. This Association was organized less than three years ago, and was the second of the kind in the State. Much interest is manifested in the work, and though few in numbers, the results compare favorably with those of larger associations of the North and East.



Mississippi has gained State Registration for Nurses. The bill passed both branches of the Legislature and was signed by the Governor March 11.



Kentucky

The Nurse Practice Act passed both branches of the Legislature, and was signed by the Governor March 13.



Ohio

Miss Gladwin, of Akron, president of Ohio Graduate Nurses' Association, gave a talk to the Cincinnati Nurses' Association, April 3, on State Registration in Ohio. The nurses of Ohio are working very hard in the interests of registration.

The Cincinnati Anti-Tuberculosis League, has secured the services of Miss Kitty N. Britton, graduate nurse of the City Hospital for Tuberculosis Nurses in the rural districts. She will visit tuberculosis cases in the country, and give lectures in country schools on hygiene.



Indiana

During the holidays of 1912 the nurses of the Protestant Deaconess Hospital Training School for Nurses, of Indianapolis, issued "The Budget," the first publication ever attempted here in the interest of the nurses. "The Budget" was a success, though restricted in its scope. This year the graduating class, with a double purpose of advancing the interests of the training school and of financially benefiting the Alumnae Association, has decided to issue an Illustrated Souvenir, portraying hospital scenes and containing portraits of the officials, visiting staff, the Alumnae and

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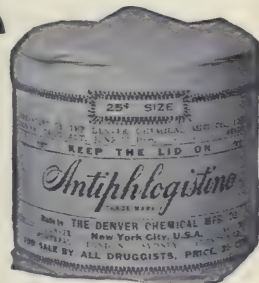
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nurses connected with the institution. The Illustrated Souvenir will be issued about May 13, and will be dedicated to the medical and nursing professions of Indianapolis. It will contain contributions by prominent medical men of Indianapolis, articles which will appeal both to the laity and the profession, and will be a work of value and a source of pleasure in each home where represented. Those who have been patients in the Deaconess Hospital will doubtless read with interest words from the pen of their attending physician or surgeon, and appreciate their portraits as well as those of the nurses. Nurses who have received their training at the Deaconess will probably be glad to cooperate in this enterprise with this group of thirteen nurses, who will soon become affiliated with the Alumnae Association. The price of the Illustrated Souvenir is \$1 for a single copy, additional copies 75 cents each. Remit to Miss Kathryn E. Lamb, care of the hospital.



Illinois

There is a movement on foot in Illinois for an independent organization of graduate nurses, with headquarters in Chicago. The following appeal is being circulated, together with application blanks, for membership:

"Dear Madam—The cooperation of all nurses and nurses' registries are desired in the organization of the Independent Graduate Nurses' Society, we wish you would be kind enough to send us the names of any nurses who might be interested. We find the interests of the unattached nurse are being threatened from many angles. An attempt is being made to exclude all except registered nurses from certain registries, and to discriminate against affiliated nurses who seek to obtain civil service, visiting nurses or other such positions. Only a proportion of nurses are represented by any existent association; they, however, pose as representing the entire nurse body. For these and other reasons too lengthy to be now outlined, I think it behooves all nurses affected to organize for their mutual benefit. I trust you will fill out and send in the enclosed application form and you will be notified later when we shall have a general meeting to elect permanent officers, as provided by our Charter. Very truly yours,

INDEPENDENT GRADUATE NURSES SOCIETY."



Michigan

Charging that they have been guilty of entering this country in flagrant violation of the contract labor law, the United States Immigration Department has served peremptory notice of deportation

upon Miss Edna Schwalm, matron of the University of Michigan Hospital at Ann Arbor, and her assistant, Miss Elizabeth Wilson. Miss Wilson immediately left the hospital and returned to Canada, but Miss Schwalm is still at Ann Arbor pending the result of negotiations which have already been opened with the head of the United States immigration service at Washington. Miss Schwalm and Miss Wilson are both graduates of the McDonald Institute of Guelph, Ontario, and went to Ann Arbor last fall to take charge of the housekeeping department of the institution. Miss Jane Pindell, superintendent of nurses, formerly of New York City Hospital, engaged the services of Miss Schwalm and Miss Wilson, never dreaming that in bringing professional people into the United States that she was violating contract labor laws.

The Michigan State Board of Registration of Nurses will conduct an examination for State registration at the U. B. A. Hospital, Grand Rapids, Mich., on May 19, 20, and 21, 1914, and at the Grace Hospital in the City of Detroit, Mich., on June 2, 3 and 4, 1914. All applicants must have their applications on file with the secretary at least fifteen days prior to the date set for examination. The registration board is as follows: President, Mrs. Elizabeth Tacey, R.N., Detroit; vice-president, Mrs. Susan Fisher Apted, R.N., Grand Rapids; Mrs. Mary Staines Foy, R.N., Battle Creek; Dr. John L. Burkart, Lansing; secretary, Dr. Arthur W. Scidmore, Lansing.



Wisconsin

An association was formed January 30, 1913, at the home of Mrs. J. H. Hackett, Milwaukee, called the Nurses' Circle of the Marquette Woman's League. The following were elected for the year 1914: Mrs. J. K. Oberle, president; Miss Lavina Dietrichson, secretary; Miss Teresa Dick, treasurer. On March 28 a meeting was held at the president's home. Mr. Tiefenteiler, composer, played, and Miss Elsner sang. A lunch was served. All present had an enjoyable afternoon. The association meets every two months.

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such as typhoid fever, pneumonia, pleurisy, influenza, or those requiring surgical operations, the return to health often depends on the thought and attention given to restorative treatment. If, however, a reconstructive like

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is used, the result is rarely, if ever, in doubt. Unlike many remedies commonly used to promote convalescence, "Gray's" does not act by "whipping up" weakened functions. On the contrary, it improves the appetite, gives valuable aid to the digestive and absorptive processes, and reinforces cellular nutrition in ways that insure a notable gain in vitality and strength.

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Iowa

"The Registered Nurses' Record," published by the registered nurses of Des Moines, had this to say about registration in Iowa: "It would seem from the size of the last two classes that very few nurses were left who had not registered, but we are certain that a large number of nurses are practicing without a license. The State Legislative Committee is making a thorough canvass of the State, to round up these lawbreakers, and respectfully ask the aid of registered nurses to help by sending the full name and address of any, because of their failure to register, are criminals in the strictest sense. As members of our State organization, State registration was intended to promote the interests of our profession, and as citizens of a great commonwealth, registered nurses owe it to themselves to report those who are evading the law in this way. You would not consider it unwise or unkind to report a criminal who was stealing his neighbor's goods. Yet these women, and a few men, are literally stealing your profession. Let it be understood that all graduate nurses should secure from the State a license before beginning to practice. Nurses coming in from other States should take up the subject of reciprocity with their own boards before leaving their home State, asking them to establish reciprocity with Iowa, and in case of failure to establish reciprocity, prepare to take the examination at once.

The State Association of Registered Nurses will meet in Boone, during the month of June.



Missouri

(Continued from April)

Materia Medica—(Rating ten out of fourteen questions). 1. Define (a) *metaria medica*. (b) *Therapeutics*. 2. (a) What do you understand by the physiologic action of a drug? (b) The therapeutic action of a drug? 3. Define the following terms; anodyne, hypnotic, antipyretic, mydriatic, and myotic. 4. (a) What is the difference between an infusion and a decoction? (b) What is the difference between a solution and a tincture? 5. Give (a) apothecaries' weight using the proper symbols, (b) apothecaries' measure using the proper symbols. 6. (a) What is the first aid treatment in carbolic acid poisoning? (b) What are the symptoms of overdosing by mercurial preparations? (c) What are the symptoms of overdosing by strychnine? 7. (a) How would you prepare a 1:20 solution of carbolic acid? (b) One gallon of normal saline solution? (c) One quart of bichloride of mercury solution 1:2000? 8. (a) How many grains of a drug will be required to make one ounce of a 1 per cent. solution? (b) if told to give grain

1-150 of nitroglycerine, and only tablets of grain 1-100 were available, how would you prepare the dose? (c) If only strychnine tablets of grains 1-60 are available and you are ordered to give grains 1-30, how would you prepare the dose? 9. Of what is a seidlitz powder composed? (a) The white paper, (b) the blue paper. (c) How would you give a seidlitz powder? 10. What are the indications for discontinuing the following drugs? (a) Fowler's solution; (b) potassium iodide. 11. (a) Name three preparations of iron. (b) What precautions should be taken in administering iron? 12. What is a diuretic? Name three diuretics. 13. Name the methods of administering medicines, which is most commonly used, which gives quickest action? 14. Describe the preparation and administration of $\frac{1}{4}$ grain morphine hypodermatically, and the care of the hypodermic syringe.

Nursing Ethics—(Rating of ten out of twelve questions. First three questions to be answered) 1. State briefly (not exceeding 100 words) your understanding of the Missouri Law for State Registration for Nurses. 2. State briefly what benefits you believe will be derived from State Registration for Nurses, by the individual nurse, the profession generally, the physician, and the public. 3. What do you consider the benefits to yourself of being allied with your alumnae association or any organization of nurses whose aim it is to elevate the standards of the nursing profession? 4. Give two rules bearing on the relation of the nurse to her profession, two rules bearing on her relation to her school and superintendent, two rules bearing on her relation to the pupil nurse. 5. State briefly what you consider the duty of a nurse as regards the social evil, (a) in her relation to the public generally, (b) in her relation to a patient who may be suffering from either of the specific diseases. 6. State fully what you would do, if, on going to a case, you found that you were expected to take your meals in the kitchen instead of eating with the family as is customary. 7. If your name is on a registry maintaining high standards and you have knowledge of a gross misdemeanor committed by a nurse connected with the same registry, what would you consider your duty in the matter? 8. A nurse is sent into the country to care for a case of acute rheumatic fever, give your opinion regarding the right of the nurse to give a cathartic or enema, when the physician is not visiting the patient oftener than once in three or four days, and there are no other means of communicating with him. 9. When a graduate nurse is called in temporarily, to supply on general duty in any hospital, what should be her attitude toward the nurses of the training school, and toward her head nurse who is an undergraduate of the school? 10. If a patient should take a dislike to you for an unknown cause would you think it wise to remain on the case? 11. What stand should a nurse take when on a case where a patient and family are not satisfied with the attending physician and appeal to her for advice about making a change? 12. Would you nurse for a physician for whom you have no respect either professional or personal? If not, what reason would you give the physician or the family for refusing?

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There is probably no other combination of protein, carbohydrates fat and mineral matter, so easily available; so promptly absorbed by even weak digestive organs; so **neutral** in flavor as to be readily agreeable to all classes of patients as **Grape-Nuts**.

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Surgical Nursing and Gynecology—1. Mention two great discomforts that the patient is likely to experience in the first twenty-four hours after an abdominal operation. 2. (a) What is cystitis? (b) What is the nursing care of the same? 3. Define aseptic, antiseptic, disinfectant, sterilization. 4. Why does alcohol not disinfect the skin if used stronger than 70 per cent.? State the advantages and the disadvantages of bichloride. 5. Describe a douche, name the points especially observed in regard to the preparation of the douche nozzle. 6. What is hypodermoclysis, intravenous infusion; what solution is used, how would you make it? 7. Give symptoms and chief points in nursing care of post-operative shock. 8. What are the purposes of placing a patient in Fowler's position? 9. What unfavorable symptoms would you watch for following operation? 10. What symptoms would lead you to believe a patient was having an internal hemorrhage after an abdominal operation?

Urinalysis—1. How would you proceed to collect a twenty-four hour specimen of urine, and give the physician a four ounce specimen of this for analysis? 2. What is the normal amount of urine voided by an adult in twenty-four hours? 3. Give two tests for albumen in urine. 4. What is the normal specific gravity of urine? 5. What are the physical characteristics of normal urine?

Obstetrics—(Rating of ten out of twelve questions). 1. What are the complications to be watched for during the puerperal period? 2. What precautions will a nurse take against sepsis after labor? 3. What is the usual cause of breast abscesses? 4. What are the symptoms of toxemia? 5. What symptoms precede eclampsia? 6. To what is the treatment directed in both these conditions? 7. Give a list of articles absolutely necessary for use in an obstetrical case. 8. What antiseptic solutions should be prepared for use in the care of the mother and the new born infant? Give strength of each solution. 9. How would you proceed should the foetus be expelled before the arrival of the physician? 10. Define colostrum, meconium, ectopic gestation. 11. By what means does the foetus receive nourishment? 12. How should the uterus feel one hour after delivery?

Bacteriology—1. Mention five diseases that may be carried and communicated by floating dust. 2. (a) What are the conditions most favorable for the cultivation of germs? (b) What are the most effective means of destroying bacteria? 3. Mention three diseases that may be taken into the system through contaminated water or dust. 4. How would you procure a culture from a diphtheritic throat for microscopic examination? 5. Name four contagious diseases that are caused by germs.

Dietetics.—1. Define dietetics. 2. What is the function of protein, carbohydrate, mineral matter water? 3. What is the advantage of obtaining protein from animal foods, rather than from vegetable foods? 4. How would you prepare beef broth, what cuts of meat make the best soup and why? 5. Give formulas for two good nutritive enemata. 6. What do you understand by modified milk, by certified milk? 7. Give a

good method for preparing beef juice, and state what cuts of beef are best for this purpose. 8. Why is a diet free from salt often ordered where there is edema? 9. What should be the diet of a tubercular patient in the incipient stage? 10. What food can be given a patient with diabetes? Give a breakfast, dinner and supper for such patient.

✦

Utah

Adopting the report of the committee on constitution and bylaws at a meeting at the Hotel Utah March 9, the graduate nurses of the State of Utah formed a permanent organization to be known as the Utah State Nurses' Association. Following are the officers elected: Agnes M. Hoggan, a graduate of the L. D. S. Hospital, president; Anna Hull, of St. Marks' Hospital, vice-president; Mary A. Powell, of Battle Creek, Mich., secretary; Charlotte E. Dancy, of the Johns Hopkins Hospital, assistant secretary; Alma Karlson, of the California General Hospital at Los Angeles, treasurer. These officers, with the chairman of committees who will be appointed later, will constitute the executive board. Mrs. Thomas D. Dee, of the Dee Hospital in Ogden, was elected as the first honorary member of the Association. Various committees provided for in the constitution and bylaws will be appointed at a meeting of the officers to be held in the near future. The purpose of the organization is to promote the mutual interests of the members of the State, protecting the public from being imposed upon by undergraduates and ill-prepared nurses.

✦

Personals

Miss E. W. Rodgers, R.N., Class of 1909, M. E. Hospital, Brooklyn, has accepted the position of dietitian and housekeeper at Grace Hospital, Toronto, Ont.

King George of England has conferred the decoration of the Royal Red Cross on Miss Eleanor Sarah Kelly, senior superintendent of Queen Alexander Military Nursing Service for India, in recognition of the special devotion and competency displayed by her in the Military Hospital in India.

The Phipps Psychiatric Clinic, of Johns Hopkins Hospital, Baltimore, Md., has engaged two additional graduates of the Pennsylvania Orthopedic Institute, Philadelphia, for their mechanical and hydiatic departments—Miss Katherine Hoffmann, formerly of Walla Walla, Wash., also

The Food Value of Jell-O

In the production of the superfine European gelatine that forms the basis of Jell-O it is subjected to so perfect a refining process, extending over several weeks, that the addition of such preservatives as have been employed in some gelatines is entirely unnecessary, and none is used. Its purity and wholesomeness are beyond question.

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Jell-O is regularly used in the sick room, not only on account of its own food value, but as the most tempting vehicle for conveying other foods or stimulants that in any other form would be rejected by the patient.

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a graduate of the Ensworth Hospital, St. Joseph, Mo., and Mr. Jeremiah T. Minahan, of Philadelphia, Pa.

Miss Margaret Park, of North Bay, Ont., assumed her new duties as superintendent of the Niagara Falls General Hospital on April 10, succeeding Miss Rodgers.

Miss Charlotte M. Kearns, for ten years superintendent of the Home and Hospital in Findlay, Ohio, will go to Toledo May 1, to succeed Miss Emma Enders as superintendent of the Stevens W. Flower Deaconess Home and Hospital. Miss Enders will take a long rest before assuming another position. Miss Kearns is a graduate of Christ Hospital in Cincinnati.

Miss Emma C. Maddux, Huntington, Ind., a graduate of the Fort Wayne Lutheran Hospital, Fort Wayne, Ind., also a graduate of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged to take charge of the hydropathic department at the Piedmont Sanatorium, Atlanta, Ga.

Mrs. E. K. W. Calhoun, R.N. (nee Wiley), graduate of New Orleans Sanitarium Training School (now Presbyterian Hospital), Class of 1892, is doing special work in Alexandria, La.

Miss Bessie Mae Hooks, a graduate of the 1910 Class of the Rawling Sanitarium, Sandersville, Ga., and a member of the staff since that time, having held the position as bookkeeper and general office worker, has recently resigned her position to take up private nursing in Macon, Ga., and has commenced her duties there.



Marriages

On March 7, 1914, at East St. Louis, Ill., Miss Catherine Daley to Mr. Charles P. Webb.

On March 4, 1914, at Phoenix, Ariz., Miss Minnie Guier to Mr. George Moxley.

On February 24, 1914, at St. Louis, Mo., by the Rev. Father Shea, Miss Roberta Ames, pupil nurse at the Rebekah Hospital, to Mr. Percy Carroll.

On February 2, 1914, Miss Grace E. McCoy to Mr. William T. Reilly, of Poughkeepsie, N. Y. Mrs. Reilly is a graduate of Vassar Brothers Hospital, Poughkeepsie, N. Y.

On April 1, 1914, at Washington, D. C., Miss Elanor Smith to Surgeon Raymond Spear, U.S.N. Mrs. Spear was for several years operating room nurse at the Naval Hospital. Surgeon and Mrs. Spear will make their home at Guantánamo, Cuba, to which place the bridegroom has recently been detailed.

Announcement is made of the marriage of Eldrijona Anna Gray, graduate nurse of the Sisters of Charity Hospital, Buffalo, N. Y., to Paul Desjardins, of Desjardinsville, Quebecan, Canada.

On March 18, 1914, at Philadelphia, Pa., by the Rev. Dr. Milton Tweedle, Miss Mame E. Miller, graduate nurse of the West Philadelphia Homeopathic Hospital, Philadelphia, to Dr. Edward A. Steinhilber.

On March 16, 1914, at Elizabeth City, N. C., Mrs. Lina L. Lee, formerly head nurse of the Lawford Hospital, Berkley, Va., to Mr. Edward F. Berger, of Berkley, Va.

On April 8, 1914, Miss Mabel Bryson, of Toronto, Canada, to Dr. A. V. Donaldson, of Avella, Pa. Mrs. Donaldson is a graduate of the Presbyterian Hospital, of Pittsburgh, Pa., Class of 1913, and Dr. Donaldson was an interne at the same hospital during 1911-1912.



Deaths

Dr. Robert Hipsley, of West View, Pa., died at his home on March 9, of pneumonia. Dr. Hipsley was married to Miss Jessie Steel, in October, 1911, a graduate of the Presbyterian Hospital, of Pittsburgh, Pa., Class of 1908.

On February 16, at Glens Falls, New York, of typhoid fever, Mrs. Esther C. Doty. Mrs. Doty was a graduate of the Rochester General Hospital, class of 1906.

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Protecting the Nasal Mucous Membrane

When people spend much time in the open air, especially in riding, driving and automobiling, there is always a great increase in nose and throat troubles traceable to dust inhalation. Inasmuch as the dust cannot be avoided, the next best thing is to protect the mucous membrane of the air passages as effectively as possible. For this purpose nothing gives such efficient service as Sabalol Spray.

This well-known balsamic preparation not only cleanses the nasal mucous membrane, freeing it from dust and sealy accumulations, but it exerts

a mild astringency and thus prevents the ingress of dust and germs to the deeper tissues. It is tonic and raises the resistance of the mucous membrane. Used before and after automobiling or any trip leading to exposure to dust, Sabalol Spray will give the exact protection needed to insure avoidance of the nose and throat irritations that are so apt to lead to graver affections.

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The Recovery from La Grippe

Since the first appearance upon our shores of that unwelcome infectious disease known as La Grippe, the medical journals have been filled with articles advocating different methods of treating the attack itself and its various complications. But little attention, however, has been paid to the important question of how to best treat the convalescent subject. Among all of the acute infections there is probably none that is as likely to leave the patient quite as thoroughly devitalized and generally prostrated as does a sharp attack of La Grippe. For some reason the degree of prostration from grippal infection appears to be entirely out of proportion to the severity of the attack itself. This peculiarity renders it advisable and usually necessary to strengthen and support the general vitality of the patient during the period of convalescence. Complete rest, nourishing food, plenty of fresh air and stimulation, according to indications are, of course, distinctly important measures. At the same time tonic and hematic medication should not be neglected. Probably the most generally acceptable and efficient general tonic and hemic reconstituent for such patients is Pepto-Mangan (Gude), a bland, non-irritant and promptly absorbable combination of the organic peptonates of iron and manganese. This efficient blood builder and reconstructive does not disturb digestion nor induce constipation, and is readily taken by patients of all ages.



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Thus, germs that hide in obscure places but cannot be reached by ordinary means, are sought out and destroyed, their spread is checked, their power to do harm entirely broken.

Inflammation and irritation are subdued. The tissues are refreshed and strengthened, made better able to resist attack by germs.

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In regard to the therapeutics of Hamamelis, of which Pond's Extract is admittedly the standard preparation, no better evidence can be brought forward than the statement of prominent medical authorities. For instance, Potter, in his well-known work on "Materia Medica, Pharmacy and Therapeutics," says: "Hamamelis is used with great benefit, both externally and internally, in cases of hemorrhoids (particularly those of the bleeding variety), varicose veins and ulcers, venous congestion and threatening local inflammations. It is highly recommended in hemorrhages from the nose, stomach, lungs, rectum and kidneys, and externally for sprains and bruises, foul ulcers, the pruritus of eczema and catarrhal diseases generally."

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"I had a patient with a very bad bed sore. I used Comfort Powder, and it was just what I needed to heal it. I think Comfort Powder fine in the sick room."—M. E. BARLOW, Nurse, Atlanta, Ga.

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I assure you, gentlemen, that as a physician's daughter and a trained nurse, I shall use all my influence in recommending "Eskay's."

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Table of Contents

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	PAGE
A VIEW OF INVALID OCCUPATION.....	<i>George Edward Barton, A.I.A.</i> 327
LEGAL PHASES OF HOSPITAL ADMINISTRATION.....	<i>Amy A. Armour</i> 331
THE ASISTENCIA PUBLICA OF BUENOS AIRES.....	<i>H. G. Cutler</i> 336
THE MAKING OF A NURSE TEACHER.....	<i>Charlotte A. Aikens</i> 339
IMAGINATION IN NURSING.....	<i>Sarah C. Neely</i> 341
THE USE AND ABUSE OF SALT SOLUTION.....	<i>A. C. Geyser, M.D.</i> 344
BICHLORIDE OF MERCURY POISONING, REPORT OF A CASE WITH RECOVERY	
	<i>Katherine Rooney, R.N.</i> 348
PRACTICAL POINTS IN OPHTHALMIC NURSING.....	<i>Mary Seward Harris</i> 351
CAUSES OF URINARY DIFFICULTIES IN OBSTETRIC AND GYNECOLOGIC PATIENTS	
	<i>Christina Grace Rankin</i> 352
DEPARTMENT OF PUBLIC WELFARE.....	354
GLEANINGS.....	356
EDITORIALLY SPEAKING.....	358
THE HOSPITAL REVIEW.....	362
THE EDITOR'S LETTER-BOX.....	367
IN THE NURSING WORLD.....	370
BOOK REVIEWS.....	384
NEW REMEDIES AND APPLIANCES.....	386
PUBLISHER'S DESK.....	390

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The Trained Nurse and Hospital Review

VOL. LII.

NEW YORK, JUNE, 1914

No. 6

A View of Invalid Occupation*

GEORGE EDWARD BARTON, A.I.A.

THE greatest weakness of specialization is that the student or practitioner grows after a while to confine all subjects within the boundaries of his specialty. This is true of medicine as a whole. The doctor, though receiving a broader education, and consequently having a wider view than most men, seldom if ever comes into what I will call "direct action" with conditions outside of his own profession. He may and does come in close contact with them, but he is seldom a part of them. I know many doctors, several among them accounted "good business men" by their fellow practitioners, but hardly one who would be considered "a good business man" in the world of business. Our civilization has forced more and more tasks upon the doctor, until he is now considered selfish if he declines to go upon any board of directors, or to undertake almost anything under heaven. That he knows more of world problems than most men do, I grant at once; but that he knows much of the intricacies of the "inside" workings of life in the shop, the store, the office, the mill, factory or foundry, is by virtue of his own training impossible, for such knowledge requires as long to attain as has that of his own profession.

The lack of this understanding is one of the causes for the revolt of so many patients at the doctor's orders or advice concerning their welfare, especially as applied to their work. It is impossible for the patient trained in his own work to fail to see that the doctor's knowledge of that work and of what it entails is superficial; and feeling that, he is apt to lose confidence in the doctor. For instance, if a patient should speak to you of the use of ether in removing adhesive, you would not be surprised nor much impressed by her knowledge. But you would know exactly where to put her should she speak of removing adhesive with an ether cone. I assure you that that is no more ridiculous than the mistakes which any one can make in discussing any labor of which they are ignorant.

Of late years, more and more physicians of eminence have seen and urged the value of handiwork or labor as a factor in convalescence. Two who have devoted their lives to it—Dr. Hall and Dr. Riggs—are said to have proved its value as a therapeutic agent; and I understand that Miss Susan Tracy, the authoress of the very valuable book, "Studies in Invalid Occupation," is devoting all her energy to the work, believing it to be more important than her professional nursing. These, and probably many more,

*Delivered before the Nurses Alumnae of the Clifton Springs Sanitarium at Consolation House and contributed by the author to THE TRAINED NURSE AND HOSPITAL REVIEW.

have accomplished much; but they have, it seems, approached the subject entirely from the medical point of view, and my proposition is that there are other views in addition to the medical one, all fully as important as is the life, health or death of the patient, for society does not become extinct with the life of any individual.

Outside, far removed from the hospital, are hundreds of noble men and women, with faces furrowed by care, with eyes dull from lack of hope, with mouths drawn by repeated failure. No, I do not refer to the "down and outs"; I refer to those who are ordinarily spoken of as "*the rich*"—men and women who are appalled, terrified, both at the magnitude of their incomes, and at the demands made upon them; men and women whose hearts burn and whose hands ache to help, but who see that their money does not always help. Oh yes, there *are* many such! I myself know several—several with whom I have partaken of the sorrow and discouragement of seeing a carefully selected recipient relax, go to the dogs, return to his dope and drink, forget his obligations, neglect his opportunities, sacrifice his honor and integrity. They are willing to give—they do give, these rich; but the horror to them is that they see their money accomplishing little, or doing actual harm where only good was intended. It is these great-hearted ones who support many of our hospitals. "Stop!" you say. "Are not our hospitals doing good?" Yes—and No.

I had at one time for a friend a Chinese nobleman. We discussed often the relative values of our Eastern and Western civilizations. He said once: "Your crowning glory is your hospital—conceived in purity, founded with intelligence, conducted with honesty and integrity—it is the best your civilization has produced. I would my country were full of such, and they full of such doctors and nurses. When I think of them I say to myself, 'Surely all evil must shortly give way before them.' And then I

open my eyes and what do I see? Insanity and venereal disease on the *increase*! So, after all, you are but putting cocaine on the sores of your society. All your efforts are not purifying its blood."

Now however much at fault this statement may be, there is much which is worth our consideration. My friend put his finger upon the weakness not only of our hospital but of all our institutions. We discharge from them not efficient, but inefficient. An individual leaves almost any of our institutions only to become a burden upon his family, his friends, the associated charities, or upon another institution. He is still a burden upon some one; he is still supported largely by that same willing "rich man." But the rich man cannot continue forever to support him, even though willing to do so. It makes no difference whether our capital is \$100 or \$100,000,000, to suppose that large payments can continually be made either out of capital or out of the interest derived from capital, is to presume an economic fallacy. For it is necessary for capital not only to pay interest upon itself, but to reproduce itself in order to maintain its integrity; and that reproduction must be made, we are told, in fifteen years.

There are several other very grave sides to the amazing gifts which are now being made to the public charities, but this one is enough to consider at the moment. The sociologist has been aware of this for a long time, and it has been the endeavor of many to find some way by which the munificent gifts might be made to pay interest, either in actual money, or in some improvement in conditions. If hundreds of millions a year are to be expended in our public institutions, surely even the richest of our "rich men" has the right to demand some improvement in conditions.

There are six other subjects as intimately connected with invalid occupation as is this of finance, and of that, I am touching only one of the many sides it presents, namely,

that the hospital cannot continue forever to receive such generous support as it gets at present. I, of course, mean money. Sometimes the rich do more than give money. The statement that "Credit depends more on character than upon collateral," coming, as it did, from Mr. J. P. Morgan before the Senate Committee, put into the hands of the neurologist a serum for despondent men as powerful as any on the market.

I do not forget, the instant his fracture is healed, that the cry of suffering humanity is so insistent that the patient can no longer be kept in the hospital. There are so many others, and others, and others, that he must make way, he must be moved as soon as possible. But have we done all that we could do, should have done, by healing the patient's fracture? I say that for him and for society we have not. I say that to discharge a patient from the hospital, with his fracture healed, to be sure, but to a devastated home, to an empty desk, and to no obvious sustaining employment, is to send him out to a world as cold and bleak, as much to be feared and shrunk from as is that of the convict, who, upon release from Sing Sing is given five dollars, a warm suit of clothes and a ticket to New York, and who goes, a free man, to be sure, but only to where the river is a little deeper. Well, and what can be done? More convalescent homes? Let us see if the weakness be not in the hospital.

There comes a time in the life of many hospital patients when medicine and surgery both roll over on their backs, so to speak, and put their paws up in the air, helpless as little puppies. Now psycho-therapy and religion are employed and accomplish much; but the man society needs, the man the working world needs, the man who is best fitted for heaven, it seems to me, is not the one who is most anxious to get there, but the one who realizes the many duties incumbent upon him as a human being, and who then realizes that he cannot go back to his job. You

have seen a dozen such cases here during the last year. Yes, I myself was one of them. Cases of men who could get well, but who were too weary and discouraged to try; men who looked at their clean room, at the striving doctors, the sympathetic nurses, who realized that everything that science had produced was being done for them, and who then buried their faces in the pillow and cried because they could not go back to their job. Let us pause for a moment and see what that means—not from a medical point of view, but from another one. We know that there are as many more in every place of the size of Clifton in this country. How many hospitals are there in this country? I will confess that I have not added them up, but there are certainly a thousand. One thousand times twelve: twelve thousand men; twelve regiments; *an army!* An army a year! Crying for their job, and worse, for by that attitude they (unintentionally) combat you and the doctor and science in all your efforts to make them get well. Now, what is the investigator told? "Yes, undoubtedly employment, occupation, would shorten convalescence and improve the condition of many patients." So, to do in this case what the patient wants would be a good medical treatment, would shorten convalescence, and so make room sooner for some one else who is waiting in pain for admission to his bed. "Well, then," I asked, "why not?" The reply was, "The man has not yet appeared to put such a work in active operation." And that is why Dr. Elwood Worcester came to see me a year ago, and that is why I began suddenly to get well, and why I asked permission to join the classes at the Training School here, and why I was allowed to do so; that is why I have bought and stocked this (first) "Consolation House," because with God's blessing and your help I am going to try to prove that such a work can be put upon an actual commercial basis. I am going to try to prove that the patient to his own benefit can spend

the long enforced hours of convalescence, not with silly amusements and with poor literature, but in preparing himself for the life which he has got to lead when that convalescence is ended. I am going to try to prove that the hours of idleness can be filled happily with pastimes which shall be useful, and with study which shall not only pass time, but prepare him for remunerative labor later. I am going to raise the cry that *it is time for humanity to cease regarding the hospital as a door closing upon a life which is past, and to regard it henceforth as a door opening upon a life which is to come.* I do not mean heaven. I mean *a job, a better job, or a job done better* than it was before. The hospital as a place not only in which to get well, but in which to improve; no longer as an empty hole in life, but one filled with the joy of hope for *a better job, or a job done better.* Would not that attitude help the patient; would not that attitude help you in your work? Would not the convalescent's day pass more quickly for the patient who awoke in the morning, anxious to take his treatments and his medicine, looking forward to a day in which something could be learned? How about nights, with some-

thing to look forward to, and not back upon? Of course I can hope to do no more than make a feeble beginning in any such work as one of this magnitude, for it will demand accurate psychanalysis in the beginning, delicate psycho-therapeutic handling throughout, careful considerations of physical conditions, collaboration of the doctors, constant cooperation and sympathy of the nurses, and a vast amount of labor and study along an entirely new line; but I believe that it can be done. At all events, I am going to try it, and try it here, and if the future proves it to be more than the "pipe dream" which many of you probably now think it, I shall be glad to remember that it has been to you that I have made the first expression of what I hope to make a hospital movement.

In gratitude to the many nurses who have cared for me through over ten years of hospital and convalescent life in many States and many lands, and especially to Miss Margaret Hare, of the Waltham School, and Miss Lillian Bradley, of Clifton, I invite correspondence with and offer any assistance to any nurse, graduate or in training, upon the subject of serious invalid occupation.

If you wish success in life, make
Perseverance your bosom friend,
Experience your wise counsellor,
Caution your elder brother, and
Hope your guardian genius.

— *Addison.*

Legal Phases of Hospital Administration

AMY A. ARMOUR

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SUGGESTIONS FOR THE GUIDANCE OF INEXPERIENCED NURSE SUPERINTENDENTS

THERE are many small hospitals struggling to keep on their feet, whose directors may be none too well posted on jurisprudence, or too busy to attend to it; and though there should always be committees to refer to, it is well for a young superintendent to know where one might make mistakes or become liable to criticism by the officers of the law, as well as to know how far representatives from various organizations may press their claims upon the institution for purposes of investigation. We cannot lay down the law about how to act in any special instance, because all States, courts and judges vary, but we can point out what may happen, what to expect, what to prevent, and to whom to refer. Not many of the small hospitals have a regularly appointed solicitor, but it is an exceedingly wise step to retain reliable counsel, to whom an anxious superintendent can immediately refer, and who could collect the patients' unpaid bills, especially if there is not an official investigator of the circumstances of the poor.

Government—I. Keep a copy of the hospital charter by you, and leave the original in the safety vault in the bank. Study the conditions on which the hospital is founded, and its bylaws, as well as the method by which the directors are appointed, preferably laymen with business acumen, forming stable anchorage for practical purposes. The day of meeting is fixed and must be prepared for, by reports of things wanted or things done. The medical board will be represented probably by its president or others, ex officio, at the meetings of the governors. Observe whether the institution is to be conducted

for gain only, or for the care of a suitable proportion of charity and part pay cases. Study the formation of the committees, their "personnel," their duration of service, their duties. Administration means *first* placing responsibility on the "man higher up," selecting the right one "higher up," and showing such good sense in talking over matters that he will defer to your judgment by and by. The superintendent acts as a medium between all boards and committees, having definite basic principles of her own, to work on: 1. The welfare of the patients; 2. The instruction and privileges of the nurses; 3. The advancement of science for the doctors, and she should never sacrifice these principles to a stingy or biased board, merely to hang on to her position.

(a) *Training School Committee*—It is a mooted question, to be decided locally, about how far such a committee can exercise its powers, and when the board of governors must act. A pupil might be exonerated by a training school committee through the preponderating influence of one member, perhaps a physician, or a relative, for an offence which the whole board would censure. Pupils must be given a hearing in their own defence, and treated like any other citizens, since they give much more, and *are* much more to the hospital than the graduate nurses are.

(b) *Executive or Managing Committee*—Keep in close touch with them. If there are, say four, active members, it is a good idea for them to take turns on duty so that one can be easily reached, two at a time, a Senior and a Junior, in rotation. Keep in mind when they should meet and pick out

what you want to report from your private memoranda. They are qualified under the law to advise you.

There may be linen, house and grounds and finance committees, all of whom are handled in the same way.

II. Medical Board—Be sure to have a copy of the rulings of this body, so that for admission, discharge or assignment of a patient, you will keep within the spirit of the law, and create no friction either among physicians or between you and the public. By working on a principle, and consulting when in a tight place, with the president of the medical board, or a suitable committee chosen from the men on active service for administration, you will preserve a strictly impartial course. Untold damage has been done in communities, in families and among physicians by the misguided interference and partiality of some prejudiced woman superintendent.

The physicians are ranked according to their service, as follows: 1. *Consultings*—or *Attendings Emeritus*—Older men who are out of active work, generally allowed all the privileges the hospital can afford.

2. *Attendings*—Men in active service long enough to cope with all the emergencies and trying features of ward duty, men whose good reputations for skill and probity attract patients to the institution. It is well to make a study of the manner in which outside doctors not on the staff send cases in, and to which attending most patients are sent or voluntarily come. The advantage or honor of being chosen as Attending is offset exactly by the value of his services to the hospital, when a good selection is made by the governors.

3. *Adjuncts, Associates, or Assistants*—Younger men not yet granted full responsibility of ward cases, but allotted certain rights and duties. Generally there are several committees chosen by the medical board, as (1) *Constitution Committee*, who should keep the superintendent posted on all

rules, so that the hospital office may not err.

(2) *Administration Committee*, who take up pressing, urgent matters, such as one doctor going beyond his rights, or demanding articles and equipment of cost not willingly agreed on by all.

Finances—Do not worry about a deficit. Hospitals must be run like a combination of church and hotel, to please the people, to feed them well, to have them recommend it to their sick friends, to help the needy to quick recovery, and then to trust in the generosity of the community to come forward with funds. Check up all waste and watch all exits. Buy good materials, and fine those who destroy them, but give good service.

Study the methods of raising money. Do not assume a new position without investigating its financial status, and the extent of the board's professional interest. Find out how far the bills are behind, with whom you must trade, and why.

Some States set apart an appropriation of so much money for each hospital that does charity work, on certain conditions of residence, means, etc. It is a vexed question in New York State, for the hospital of one town may get from half a dozen other thriving communities derelicts whom it would be inhuman not to admit, and yet who cannot present any claim on their own place of residence to reimburse the charitable authorities who take them in.

The charity department of each city will be in close touch with you, and friendly feeling ought to be maintained, but not at the cost of a principle. It is wise to know the rules by which your hospital is operated, regarding drunks, chronics, contagious diseases, etc., and keep the decisions of the professional staff as your standard, constantly before you. The charity department customarily sends an inspector about twice a week, to visit those patients who are reported to him, if they cannot pay you. It is well to make rounds with him, so that he

chooses a suitable hour, and so that the patient is not agitated, as well as to prevent any little by-play in the nature of graft, as the local department of charity is part of a political system, and patients taking charity under false pretences are liable to arrest. But it is equally wrong for the inspector to accept for personal or political reasons connected with his position, those who are not needy, but have sons or husbands who can vote for his party. Study the charter of the city and the terms on which it administers its charity, and stick to them. Some towns assume responsibility only for poor people, residents for one year or more.

The local department is under State control and you will yearly receive a visit from the State inspector, who will review the whole premises, to see whether your staff, school, equipment and maintenance are adequate for the needs of the patients you undertake to treat. He will inspect beds, food, fire protection, machinery, etc., and is in a position to give you a great deal of very sound advice. If all the specifications of the charity department are complied with relative to maintenance and protection, you are entitled to be paid a per capita rate of \$1.50 or \$2.00 per day, according to your agreement with the city council, and the charge you impose on your pay or part pay patients. Keep in touch with other hospitals by frequently sending out "questionnaires" on these points. The city bill is made out quarterly, and a voucher or certificate of compliance is demanded with it in the State of New York, being really an affidavit of an official to the effect that the hospital did its duty. This gives a steady but proportionately small income for maintenance. The bulk of the revenue comes from: 1. Endowment; 2. Private contributions; 3. Donation days; 4. Pay patients.

Fire Protection—The State inspector and the local fire chief will be quite strenuous on this point. Have regular organized fire drills in the hospital, and in the nurses' and

servants' homes. An intercommunicable fire alarm system throughout the premises is an absolute necessity for safety, as well as to give your institution high rank. You should have at your finger tips a list of the position of all gongs, alarm boxes, extinguishers, hose, etc. The fire chief should regularly visit the hospital and inspect the stairs, red lights at exits, steps to high windows opening on fire escapes, rubbish, walls and flooring. The State inspector also does this. Inflammable materials, like benzine, should not be allowed on the premises. The night watchman must regularly visit all parts of the building and punch the clocks. Protect gas by globes or mantles, and do not permit curtains and shades near the fixtures. Give each employee on arrival a brass tag with a number, designating a certain station and duty for drill. When he leaves, it passes to his successor. This should include internes and nurses, and all be entered in a register. Halls and spaces between and under nurses' or patients' beds must be kept clear. Water should be kept in each room of frame buildings. All the employees should undertake the use of extinguishers, and every one should be taught the number of the hospital alarm, and be ordered to return on duty immediately, if it is sounded in the town. All windows, transoms and doors must be closed, and the stretcher brought to the sickest patient's bedside. Each nurse should strip the spread off, and leave the patient tightly rolled in the covers, blankets on top. Each nurse should tell her patients it is only drill. The elevator should run to the top floor and stay there till needed. This suggests the question of insurance, the treasurer keeping you posted on the number and dates of all the policies, while you should jog his memory about the payment of premiums.

Responsibility of, to and for Employees—I. It is an understood thing that a nurse is an employee, and if she causes any injury to a patient—for instance, a burn—the hospital is responsible. The patient or plaintiff may

not be able to collect a large sum for damages, since the hospital is always in debt, or again he may get a judgment for some small sum of which it would be hard for the hospital to disclaim possession. The verdict rests with the individual, judge and jury. Nurses should be constantly charged to be careful in all such points.

II. There is a salutary form of contract got up by some institutions which each servant signs, giving the hospital the right to discharge him instantly for unsatisfactory service. No hospital is going to discharge even a moderately good employee. It is beneficial to run the office with a "petty cash" limit of \$50 to \$200 or so, according to the amount of the day's business, in paying off express charges, day laborers, discharged employees, etc., since it creates good feeling to pay small sums promptly, and there is no "comeback." This "petty cash" fund can be renewed five times a day, if necessary, by obtaining the treasurer's cheque. He should, however, delegate his power to some other person, when he may have to be away.

III. It is due all persons on the premises to have only licensed engineers, at least two, where there are any steam boilers.

IV. All machinery, elevators, belts and flames must be protected, repaired or guarded properly, to prevent patients or employees from injury.

V. Building and plumbing inspectors should be called regularly to make a thorough inspection.

VI. Electric appliances are passed on at the time of installation by an inspector from the Fire Underwriters' Association.

VII. Each hospital should carry a casualty insurance policy to protect it from any suit for damages by a patient or employee, for any accident or for any injury caused by an employee or patient, such as a suicide, burn, fall, etc. When the suit is entered it is directed against the said insurance company.

VIII. Try to engage women and men employees of good habits, physique and reputation, at a good wage, able to come up to a high standard of efficiency, thus applying the principles of hygiene in one of the most vital parts of the hospital work. They should have a fair quota of labor, averaging an eight-hour day, good food, good rooms, well inspected, plenty of air and light, an ascending scale of wages and an annual vacation of two weeks with pay, after a year's service.

IX. The porters must be instructed in their outside duties; when there is a snowfall they should automatically get their shovels, clean off the snow and keep the gutters open.

X. Consult the police department about bonfires of leaves and rubbish, as to time and place.

XI. Stagnant water is not allowed on the premises, as it is a mosquito breeder.

XII. Area ways must be protected by a railing, as the hospital is responsible even for a drunken trespasser who might fall in.

XIII. When a patient is admitted, it is very essential to have a nurse accurately list his clothing and valuables in a book kept for that purpose. The patient (or his relative) and nurse both sign it, after she reads it to him. The valuables similarly listed and signed are put in an open envelope and carried to the office, where they are counted by a clerk, who signs and seals the envelope and thus releases the nurse. Sometimes one brass tag is our only clue for the identification of foreign laborers working in gangs.

XIV. When the patient is discharged, he or his nearest friend signs the clothes book and envelope as a release. These are to be kept permanently, since all sorts of later investigations are made at times.

XV. Strict watch must be kept on admission or after death, that there be no theft. Orderlies must not handle clothing, nor valuables at all, nor by any chance give the wrong body to an undertaker. The bodies

must be labeled outside. The valuables should be called for in the office by a relative, but the clothing may be taken by an undertaker if he signs a release in the *clothes book* of the ward.

XVI. The tag given to each employee serves as a check against losing keys. If a porter comes to get a key, he must hang up his tag in place of it till he puts the key back, within a reasonable time, and if he loses it, it is easily known by whom it is to be paid for.

Board of Health—The Board of Health and the hospital have many mutual obligations to discharge.

I. The Board of Health supplies most serums and vaccines, antitoxin blood serum, bouillon aga and other culture media free for the poor and in any emergency pertaining to public health.

II. Any doctor selling antitoxin under improper conditions is liable to fine or arrest. Do not ask for it from the Board of Health for pay patients.

III. This board is called on to diagnose contagious diseases.

IV. Have your local registrar stipulate for you the communicable diseases to be reported.

V. Birth and death certificates must be made out accurately and promptly.

VI. Some boards are very lax about the removal of dead bodies. You must invent a

“fool proof” arrangement for your own conditions, so that no employee can give away a wrong body, or let it go too soon if wanted by the coroner, or for professional autopsy.

VII. You are under obligations to isolate certain cases in a manner most modern and acceptable to the highest authorities.

VIII. It is not ordinarily considered humane to transfer a case of contagion developing on your premises. Do not be afraid. Nobody ever takes anything from anyone else nowadays in hospitals. Take proper precautions and keep your case, if transfer would endanger his health, as you are liable to suit.

IX. The State Board issues permits to show the amount of air space and the number of patients for each room or ward.

X. The State laboratory, and in many cases a well-equipped local laboratory, are bound to examine pathological specimens.

XI. Certain virulent germs, such as typhoid, cannot be *mailed*.

XII. Still-births are not to be disposed of without a burial permit, at the consent of the Board of Health, even when kept as a pathological specimen. If beyond the limit to be called a “miscarriage,” they were viable children, and should be accounted for in the vital statistics. This, too, affects the transfer of property under the terms of some wills.

In olden times when a boy was bad they said, “He hath a devil.” Now they say, “He hath an adenoid,” and hale him, not before the disciplinarian, but before the surgeon.—*Exchange*.

The Asistencia Publica of Buenos Aires

H. G. CUTLER

THE founding of the Asistencia Publica, or Public Assistance department, some years ago, was largely the result of narrow, crowded streets, congested traffic, and frequency of accidents which require prompt first aid to the injured. Although there were numerous hospitals in the city, they were chiefly dominated by nationalities, and often so overcrowded as to be unable to receive really pressing cases.

Asistencia Publica is an outgrowth and an expansion of the First Aid Society, the latter, in turn, born of what is known in Buenos Aires as the St. John's Hospital Movement. The city institution has long and far outgrown the "first-aid-to-the-injured" feature, and is now a great institution housed in a massive downtown building, running like clockwork for the relief not only of those injured by electric car or railway, fire, fall or flood, but those troubled by acute or chronic ailments.

In cases of accident a call is sent to headquarters, either by telephone or by means of a series of police whistles passed along from one beat to another. Both motor and horse ambulances are always in readiness to respond. If the case is so urgent that the victim cannot even be removed to the emergency hospital, a physician and nurse bundle themselves into a motor ambulance and speed away to the scene of the accident. Bandages, instruments, chloroform and the entire first-aid outfit are all in the ambulance.

When a case of fever occurs, ambulances of a different type are sent, and after the patient has been examined, if isolation is thought necessary the victim is removed to the hospital provided for such cases and kept there until all traces of infection have disappeared.

When summoned by telephone, inquiries are made at headquarters as to whether the case is one of urgency; if an accident, whether the injuries are caused by a fall, burn, assault or other cause, and surgeons or physicians are sent accordingly.

At every large fire, the ambulances of Asistencia Publica are seen just beyond the engines, and when the news of a railway accident comes to hand they are at once sent to the terminal station of the line whereon the accident occurred. Every vehicle in Buenos Aires, with the exception of the fire engines, is obliged to give way before the white vans and ambulances of the Asistencia Publica, emblazoned with a green cross and heralded by a far-carrying gong. Even the postal (I nearly said "Uncle Sam's") wagons cheerfully give them the right-of-way and as, with rubber tires, they go rapidly gliding on their errands of good, every citizen of Buenos Aires, be he Argentine, Italian, German, Englishmen or American, glances after them with pride and a God-speed look in his eyes.

As well remarked by one of those proud citizens of Buenos Aires: "No letters of recommendation are necessary; no proof of poverty, or any other conditions are imposed. It is sufficient that a person is suffering—that a case requires treatment at once."

When service is urgently required for patients in private houses, such as in cases of confinement and other sudden night emergencies, they are not taken to the headquarters of Asistencia Publica, but sent at once to affiliated hospitals. No red tape is reeled off to get at the advisability of such a course; the matter is decided on the spot by a competent surgeon, who is sent to attend to the case. Altogether, there are over



FIRST AID TO THE INJURED BY THE ASISTENCIA PUBLICA OF BUENOS AIRES

two thousand beds in the dozen or more hospitals in affiliation with the central organization, including a large infectious hospital on the outskirts of the city, and two sanatoria for the treatment of tuberculosis.

In connection with this splendidly organized branch of the municipal service, concerned not only in first relief to the injured, but in the general assistance of the friendless and helpless, is a home for the shelter of the aged, with accommodations for about nine hundred. For active persons, who are homeless, there is a large night shelter, at which the unfortunate is provided with a bed for the night and a free breakfast before leaving in the morning.

A strong effort is being made, both by the city and the benevolent societies, to separate the worthy from the unworthy in granting this temporary relief, which often overtaxes the accommodations at the disposal of Asistencia Publica. This is especially true during such rainy and chilly months as July, August and September, which comprise the winter season in Argentina. Herein lies one of the hardest problems confronting the municipality.

The bulk of the police service is devoted to handling the congested traffic of the

streets. You seldom see a policeman on the sidewalks, and the consequence is that there are many professional beggars in Buenos Aires. Some of them are gentlemen, broken by drink and other dissipations—"beach combers" of the city, whose pride is quite gone and who beg "bits" from friend and stranger alike. Others are blind and lame, or otherwise disabled, who sleep in the Municipal Shelter and beg in the day time. The Salvation Army, which is strong in Buenos Aires, has asked the government to be given police powers, so that those able to work, who will not, may be arrested and forced into employ. That organization asks for funds from the government, so that its officers may classify street mendicants, separate the deserving from the undeserving, relieve the really helpless and set those to work who are capable. As the Army is well organized, it ought to be a most effective adjunct to the Asistencia Publica in this department of its work.

It matters not how wealthy the patient, no payment is ever taken by the Asistencia Publica for any first services rendered. After first aid is furnished, those who are in a position to engage private practitioners are requested to do so; if the patient is too

poor to do this, he receives treatment gratis as long as necessary. It may be that he is in moderate circumstances and prefers the care of Asistencia Publica; in which case he pays the nominal charge of \$10 for medical attendance and \$15 for a surgical operation.

A large and completely equipped dispensary is conducted at central headquarters, and a full staff of examining and attending physicians, surgeons and nurses is always on hand, besides those who hold themselves in readiness to answer calls for emergency cases. A dozen vans, with harnessed horses and as many automobiles, are standing in an outer court, ready to speed away at a moment's notice, with physicians, surgeons, nurses and the required medicines, bandages, instruments and other necessities befitting the cases to be met.

At certain hours of the day, the large interior court is crowded with patients who require treatment for ailments of minor seriousness. Opening from the court are rooms allotted to those who are afflicted with such complaints as eye and ear diseases, acute disorders like neuralgia and rheuma-

tism, and various ailments of women and children. As soon as possible, those who gather in the central court are examined in a general way by an attendant, and sent to the special quarters assigned to the several classes of patients, or to the dispensary if their cases have been diagnosed and they have their physicians' orders for medicines.

There are sufficient beds at headquarters for emergency cases, but patients are removed as soon as possible to the affiliated hospitals, if their recovery promises to be of long duration. The prime objects of the large building in which center the administration, medical and surgical activities of the Asistencia Publica are to give prompt and efficient first aid to the injured, and to relieve those of bodily ailments who are too poor to engage the services of private practitioners. In the realization of these ends the organization has achieved an honorable eminence, and its great work is being extended through other institutions of a similar nature, which have been founded in several of the large cities of Argentina outside of Buenos Aires, as well as in Uruguay and other countries of South America.



THE WOMEN'S WARD

The Making of a Nurse Teacher

CHARLOTTE A. AIKENS

ARTICLE III

A WELL-KNOWN educator has said that "*the success and efficiency of our teaching depend more on the skill and judgment with which we put questions than on any other single method used in theoretical teaching.*"

It is possible to be a fluent talker, enthusiastic, happy in the use of illustration—to apparently *deliver* a good lesson, and yet have the pupils really carry very little from the classroom of what has been taught, or what we have tried to teach. With a great many of the best teachers, the study of how to use the art of questioning with skill and efficiency is a constant subject of study. Many teachers fail to realize that questioning is both a science and an art. They ask questions, but in a haphazard way which conduces little, if any, to real teaching. They have never studied the science which underlies the art, for though questioning is an art, in that it is a practical thing, requiring patient practice to become proficient, it is nevertheless based on principles which can be applied anywhere, whether the subject to be taught is history, algebra, astronomy or nursing. It is worth while to spend some time in considering not only the best way to put questions, but the reasons why one way is better than another.

Questions in general may be divided into three classes, according to the uses for which they are intended. One of the generally accepted teaching principles is that of beginning with what the pupil knows and proceeding to the unknown. The first class of questions may be called the experimental or preliminary question, by which the teacher sounds the depths of the pupil's knowledge,

reveals, perhaps, some things which he does not know, and prepares for the receiving of the advanced knowledge of the subject. This style of question has been compared to the ploughing of the soil which is to receive the seed. Socrates, one of the greatest of teachers, believed that the great impediment to true knowledge was the possession of fancied or unreal knowledge, and that the first business of a teacher was to prepare the mind of the pupil by showing to him that though he might be quite sure he knew, when it came to actual test his real knowledge of the subject was much less than he imagined.

A good illustration of this sort of question may be found in the lessons on baths in the textbooks. Every probationer knows or thinks she knows what a bath is. Probably every member of the class would be ready with an answer to the question, "What is a bath?" They probably are all thinking of the act of cleansing with water, and if asked to write out a definition of a bath the definition would in most cases be confined to this idea of baths. By following up the questions concerning baths and without the teacher giving out one bit of knowledge, the pupils themselves can very greatly broaden their own definition.

This illustrates the point that questions of actual instruction are a logical development from experimental questions. Did you ever hear of a bath in which water was not employed? The answers will possibly show that the probationers have heard of sun baths, vapor baths, electric light baths, etc. By the skillful use of questions, they can be made to bring out a great many facts about

baths which they really knew, but which needed emphasis and they will get a much clearer impression of the fact that a bath may mean something widely different from the cleansing of the body or a part of the body with water—than would be possible if they were given solely a concisely worded definition of a bath. By this means, also, much misapprehension of a subject may be cleared away, and a foundation of knowledge discovered for further teaching.

It is always well to remember that the average mind refuses to retain isolated knowledge. Facts and principles must somehow be linked with something that is known before, if they are to be retained, hence the experimental question and the question of actual instruction play a large part in successful teaching.

The third class of question in common use is the question of examination, by which the teacher tests the pupil's knowledge of a subject. This kind of question is probably the most freely used, yet there are many things to be learned by study and practice if one is to be skillful in this sort of questioning. Perhaps the most frequent mistake made is in asking questions which simply require "yes" or "no" for an answer. In a certain periodical there appears each month a list of questions on Biblical subjects, in which this mistake finds frequent illustration. Out of a list of twenty-six questions one month I checked off twenty-two which could be answered either by "yes" or "no" and called the editor's attention to them. He admitted that he had never before thought of this as a serious defect in questions, though he could readily see that it was. This is one kind of question to be avoided, especially in teaching nurses. Use questions which will stimulate the pupil to thinking for himself instead of cultivating mere memory work, though memory work is not to be omitted.

The arrangement, as well as the language of questions needs to be studied. The ques-

tions on a given subject should be arranged in some sort of systematic order, each one growing out of some question that preceded it, or following it in logical order. Random, unconnected questions accomplish little in teaching. It has been aptly stated that "*whatever is learned confusedly is remembered confusedly, and that all effective teaching must be characterized by system and continuity.*"

The manner of the one who is putting the questions will have much to do with the interest displayed in the lesson. Prompt questions, clear cut, free from ambiguity, delivered with animation, will challenge the attention of the most inattentive, where slow, dull, ill-digested questions will weary the brightest. If we expect our pupils to be warmly interested in the subject we are trying to teach, we ourselves must be warmly interested and enthusiastic.

It need hardly be stated that it requires considerable knowledge of a subject to enable us to ask intelligent questions, stimulating, worth while questions. "We cannot give more than we ourselves possess; we cannot expect to raise the minds of others above the level of our own." We cannot expect carefully studied lessons from nurses, if we ourselves are unwilling or unable to spend time in preparing to teach it in the most effective manner.

We should know before we go before a class how we are going to begin to teach the lesson for the day and the main points to be emphasized. We can depend on "inspiration" for a certain amount of illustrative material and for much that we may use in elaborating on the text, but we should have before us a fairly clear outline of the knowledge we expect our pupils to acquire in the class session. We should know where we are going to put the emphasis in this lesson and why, and how we are going to close. We should have looked ahead to the next lesson and should be ready to suggest phases of it for special study and consideration. All this is possible. We admit that in the

rush of hospital life to find time to think how to teach is not always easy. It is often very difficult. Yet the best nurse teachers do find time for preparation. Skill in teaching is not developed by chance. Let us remember the maxim of the athletic association quoted in our last number: "A dog must be trained; a man may train himself."

SUGGESTIONS FOR CONSIDERATION

Why should a head nurse study the art of questioning?

What kinds of questions may be used to advantage in teaching nurses?

Show by illustration how actual and definite instruction can be given by skillful questions.

What advantages might this method of instruction have over the lecture method?

Mention at least three kinds of questions which teachers of nurses should avoid—giving reasons.

What is the chief value of the experimental or preliminary question?

Compare readymade questions with original questions prepared by the teacher, showing the advantages and disadvantages of both kinds of questions.

Imagination in Nursing

SARAH C. NEELY

IN the profession of nursing the great aim is to serve. A successful nurse is one who serves her patient in the best possible manner. "What can I do for my patient?" is the question the real nurse must continually ask herself, and upon her answer will depend her success.

To render a successful service a nurse must have the imagination that will enable her to put herself in her patient's position. She must so picture to herself her patient's physical condition that, when asking of him the aid he must himself give her in his restoration to health, she constantly keeps before her his limitations as well as his possibilities. She must also grow into close sympathy with her patient's mental state. Without an understanding of his temperament she cannot be successful in a vital

sense of the word. Imagination will make this true picture of his physical and mental condition possible to her.

In no other profession except medicine are the higher qualities of mind and heart so necessary as in the profession of nursing. We intend, however, to discuss only imagination. Having the proper training and general qualifications for her work, a nurse's greatest possibilities lie in the use and development of her imagination.

A nurse cannot be successful without imagination because upon it depends the physical comfort of her patient. The nurse who sees in her patient only a being to bathe, to feed, to massage—one, in fact, upon whom she can turn loose the hospital routine—cannot make him comfortable. Having no correct idea of his physical con-

dition and suffering she cannot relieve him. But the real nurse answers the question, "What shall I do for my patient?" by first imagining how he feels. She makes many accurate observations, many clever conclusions from them, and finally she has made for herself a picture full of life and color of the real physical condition of the person she is to serve. Imagination helped her make the picture, for doubtless she herself is well and strong, with the health and strength that seem bitterly cruel sometimes to the patient who has lost them; and without the use of her imagination she could not have understood the weakness and suffering she is pledged to relieve.

Understanding her patient's condition, how is the nurse to begin her work? If she has a live imagination, she will say to herself first of all that she will avoid certain irritating things. She imagines just how they would make a patient feel. But the nurse who is without imagination will go on comfortably doing these irritating little things, in complacent ignorance of their effect on the sick person. The nurse who comes into the sick room with a rush and drops into a chair, talking and rocking incessantly, is without imagination. The nurse who treats a delicate woman to the same scrubbing she would give to a man out of the gutter, is not developing her imagination. The nurse who flops on the side of the bed, jarring each sensitive nerve of the suffering patient; the nurse, who, telling harrowing tales meanwhile, gives to a sensitive limb a massage so light and flippant as to be almost unendurably irritating, is a nurse without imagination, and certainly an unsuccessful one.

Imagination, having given the nurse a correct idea of her patient's physical condition, and having helped her to know what things to avoid, now goes a step further in its work and suggests to her the many little services that make of nursing a ministration rather than a mere profession. The nurse

who has the power of putting herself in her patient's position, will see to the comfortable regulation of the light, to the proper ventilation of the room, to the concealing of all that suggests illness; will always remember to move her patient gently; will know just when he needs nourishment; just when to massage his back in order to break the tire of the long day in bed; will give the bath in sections, after intervals of rest, if her patient's condition demands it, calmly setting at naught her hospital routine; will indeed, do her work with inspiration, instead of mechanically. And why? Because she is fortunate enough to possess the power of constantly picturing to herself just how her patient feels and just what he must need. Without this power, although her knowledge of her work may help her to perform many services, she will lose opportunity after opportunity that imagination would open to her. To be truly successful she cannot afford to lose any opportunities in the very complicated and difficult work of nursing.

If, as we have tried to show, the physical comfort of the patient depends upon the nurse's power of imagination, upon it, also, and in a greater degree, depends his mental repose. There is nothing more irritating to a patient, or more wearing upon him than the feeling that the nurse does not understand, and is likely to belittle his weakness and suffering. If the sick person has courage and good sense he does not want his sufferings discussed, nor does he want to be pitied, and surely he wants to make all the effort possible to him. To have a nurse tell him he thinks he suffers more than he really does and demand of him the impossible is scarcely restful. I remember one case where the physician's orders had been that the patient should not walk. A nurse came into the hospital room, saying briskly, "You are to walk down for your electricity. Miss H—, the head nurse, says you are able to do it."

In another case, a nurse came breezily into her patient's room in the morning and said "Well, is the pain gone this morning?" The case was one of nerve trouble from long pressure and accompanied by constant suffering, and the nurse evidently expected the pain to leave over night! I once heard a nurse say to a patient who was undergoing a long and trying examination for some obscure trouble and had to wait weeks for the verdict: "Dr. N— does not think it is what Dr. D— thinks it is." In all these cases anyone can realize the mental strain to the patient. Would not even a little imagination on the part of the nurse have saved her from these mistakes, and have gained for her patient the mental repose so necessary in illness?

In many cases, imagination helps a nurse to infer from her observations the mental cause that may be retarding recovery. The patient may be homesick, or worried over home affairs, or secretly discouraged as to his ultimate recovery. Even if the nurse cannot do great things to relieve the mental distress, the fact that she understands is a comfort to the patient. Imagination will suggest to her countless ways to show her sympathy.

The general impression that the personality of the nurse makes upon her patient is a strong factor in his struggle for health. A nurse possessing imagination impresses the patient, not as a machine, but as a human sympathetic being. There is something peculiarly and supremely irritating about the feeling of being nursed by a machine. Only the sick fully understand

this. But to be nursed by a tactful, imaginative woman is restful and curative. She gives the feeling that she will succeed in what she has undertaken and that you may safely and peacefully trust yourself to her.

If the physical comfort of the patient and his mental repose depend on the imagination of the nurse, his ultimate recovery also frequently depends upon it, for this recovery may hang upon just these matters of physical ease and mental rest. It is here, where the outcome of the struggle depends on the right thing, often a very little thing, being done promptly at the right time, that the nurse with imagination has her victory. There may be so little vigor left that the least exertion will be fatal. The nurse with imagination realizes her position and makes her fight with the picture of the absolute quiet necessary for her patient so vividly in her mind that she secures it. She sees his life dependent on that quiet; she pictures just how she will secure it; she uses her imagination and she succeeds.

If things of such great importance as the physical comfort, the mental repose, and even at times the ultimate recovery of the patient depend upon the nurse's development of her imagination, then it is surely worth while to make some effort in this direction. It is not enough to be merely a well-trained nurse, but ambition should urge her on till she is a thoroughly developed, sympathetic, imaginative woman, a successful nurse in the highest and fullest sense of the word.

The Use and Abuse of Salt Solution

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THE term "normal salt solution" is derived from the fact that the blood in its normal state contains a certain amount of sodium, calcium and potassium chlorid. These, with other constituents of the blood, give it a specific gravity of 1052-1057.

When distilled water contains 0.65 per cent. of sodium chlorid, it contains that amount which is normally found in the blood.

A closely approximating solution is one with 50 grains of sodium chlorid, 20 grains of calcium chlorid and 20 grains potassium chlorid to each pint of water. This gives a reading of 1009 specific gravity by hydrometer test.

In an emergency where only sodium chlorid is available, where a hydrometer cannot be had, then it should be borne in mind that a teaspoonful of common table salt to each pint of, at least, boiled water will make the best solution under the circumstances.

A solution of this kind approaches the normal blood serum and under suitable circumstances will perform the physiological functions of the same.

As a general proposition it may be briefly stated that whenever the blood for any reason seems insufficient in bulk, then the administration by hypodermoclysis of the normal salt solution is indicated.

After surgical operations or injuries received, where a large amount of blood has been lost, nothing will act so promptly and surely as the intravenous method of increasing the bulk of the circulating medium.

The normal salt solution should be injected through the needle of a hypodermic syringe directly into a vein.

According to Dawbarn, a temperature of 110 F. gives immediate results.

It is hardly necessary to call attention to the proper introduction of the needle into the vein, the necessity of an absolute aseptic condition of all things used, and the certainty that no air bubbles enter the vein.

Uses—In shock, following operations, with loss of a large amount of blood, a sudden restoration of the volume of blood will act as a tonic to the heart and blood vessels, increasing their propulsive power by inducing a more vigorous contraction of the larger blood vessels and thus assisting the *vis a tergo* to again send the blood through the capillaries.

In exhausting diseases, such as cholera, dysentery and gastroenteritis, accompanied by large watery movements, hypodermoclysis has been practised with excellent results.

The hypodermic needle or small cannula is introduced into the areolar tissue of the abdominal wall, the normal salt solution is allowed to flow into the tissues from a fountain syringe or a similar container. From one pint to two quarts may be used at one time.

In a severe toxemia, especially of the uterine region, following incomplete abortions, or in general uremic states prior to and after delivery, the use of a normal salt solution is frequently of the utmost importance.

In toxemia from other conditions or where the stomach cannot or will not make use of water, such as immediately after gastric operations or during unconsciousness, normal saline solution may be introduced into the system by allowing it to be absorbed from the mucous membrane of the lower

[Note—The every-day use of salt solution in hospitals for many years, has so familiarized nurses with its values, that many nurses fail to realize that salt solution has also its dangers. Seldom have the values and dangers been so clearly set forth as in the article by Dr. Geyser which is here reprinted from *American Medicine*.]

bowel. This manner of using water is enterocolysis or retention enema.

A soft rubber catheter is introduced into the rectum in such a manner that it will not coil upon itself. The water must flow drop by drop, according to the Murphy method. Several pints of water are thus absorbed during twenty-four hours, without disturbing the patient and without the water having passed through the gastro-intestinal tract.

In all these conditions the pulse is the proper guide as to the efficiency and quantity used.

Action—Saline solution prevents the thickening of the blood-plasma, not so much through the addition of the water as the presence of the sodium chlorid, the function of which is to keep the fibrin-forming elements and the albumin of the blood in a fluid state.

During acute or high fevers or inflammations, sodium chlorid being thus needed, it accumulates at the seat of morbid action, disappearing temporarily from the urine. Its reappearance therein is consequently one of the surest signs of the patient's improvement.

From the foregoing it is self-evident that the use of saline solutions, either intravenously, hypodermatically or by the intestinal tract, produces certain changes in blood-plasma that have been abundantly demonstrated by clinical experience. Valuable, however, as the therapeutic use of the normal salt solution is, there is no lack of evidence that this agent has not only been productive of great harm, but has even been the direct cause of death.

Dangers—It would be strange if a remedy as potent and yet as simple as the normal salt solution should escape indiscriminate and thoughtless use by the inexperienced.

Again and again attention must be called to the fact that we are dealing entirely with physiological processes.

That the elimination of water by the kidneys is so frequently looked upon as practi-

cally without limitation, together with the fact that sodium chlorid is found so generally in the fluids of our body and is used *ad libitum* with our daily meals, no doubt account for a great deal of its indiscriminate use.

Then, again, the error is often made of prescribing the use of this agent without a knowledge of the blood-pressure, the cardiac condition, the ability of the vessels to handle such a sudden increase in the circulating medium or, finally, the condition of the glomeruli, on which depends so much of the capacity of the kidney to excrete the increased amount of chlorid thus suddenly forced upon it.

Therefore, when use is made of normal salt solution in the presence of some grave and serious condition to the system and as a result of which the patient expires, the blame is seldom or never laid to the door of this therapeutic procedure, but rather to the grave and serious pathological changes which previously existed.

Under this explanation the misapplication of so valuable an agent escapes the severe condemnation it justly deserves. Worst of all, however, the physician does not profit by his mistake and use this useful remedy more carefully, but allows his interest in its real virtues and utility to lag.

The abuse of the normal salt solution is well set forth in a collection of cases by Evans.

A case was recently reported by Brooks where one and one-half litres of salt solution in three doses were introduced per rectum, apparently without any particular indication for its use. A short and simple appendectomy had been performed, patient had practically lost no blood, the pulse was perfect. The giving of the normal saline solution was left to the nurse, who either through ignorance or gross carelessness made use of a stock solution of nearly saturated sodium chlorid.

This patient received almost nine ounces

of pure salt, with rapidly fatal results from acute sodium chlorid poisoning. Such cases are probably rare, but it is well to bear this one in mind when hurriedly and extemporaneously preparing the solution.

It was for just such an emergency that I have tried to emphasize the necessity of trusting to nothing else except the hydrometer test whenever possible.

When a teaspoonful of salt is used to the pint of water we do not, of course, see such acute poisoning, but we must bear in mind the hemolytic effect of solutions that are hypotonic.

It is the underestimating of such effects that swell our statistics of fatalities from shock, hemorrhage and other surgical complications.

In surgical shock after even a prolonged operation without hemorrhage, we may have a low blood pressure, but this low blood pressure is certainly not an indication for a normal salt solution.

The blood pressure under such circumstances is low, as the result of vasomotor paralysis, causing peripheral dilatation.

How is the addition of a salt solution to a system that is incapable of handling the fluids already present in the vessels at that time going to benefit it?

On the contrary, while the addition of the salt solution cannot benefit such a condition, it is capable of doing great harm.

The following case is interesting: A woman, aged twenty-eight, was operated upon by the Wertheim method, for the removal of a carcinomatous uterus. After the operation, normal saline solution was ordered to be administered by the Murphy method of proctoclysis. Again, a nurse, as a result of carelessness, administered five quarts of saline solution within the period of eight hours. The kidneys failed to act, while the patient's pulse rose to 148 per minute. It became irregular and weak, patient looked very badly and went into a stupor. Under the influence of stimulants

and mustard to the precordia, the alarming symptoms subsided, the pulse dropping in two hours to 118 per minute. In this case the solution was of the proper kind, yet the kidneys failed to eliminate the added amount of chlorine. Poisoning under such conditions is sure to occur, especially when the large amount of increase in the circulating fluid embarrasses the cardiac action.

Irregardless of toxicity of the salt, no solution should be introduced hypodermatically, intravenously, or by absorption from the mucous membrane, without thorough interrogation to ascertain the functional capacity of the kidney to excrete both the salt and the fluid.

Where the eliminating function is at all impaired, so that the excess of sodium chlorid is not promptly eliminated, osmotic disturbances are sure to follow, with resulting harm to the tissues. Just imagine a toxemia due to renal insufficiency, how and by what process can a saline solution be recommended as an effective diuretic? It is nevertheless a very common thing to see the virtues of a saline solution extolled as a diuretic in just such cases.

That the elimination of toxins through the production of diuresis can be brought about is true only to the extent to which the kidney is functioning.

A case reported by Sippel illustrates this: A patient suffering from eclamptic convulsions, which had kept up for thirty hours after delivery, was relieved following the decapsulation of one kidney. Copious urination followed, coma completely subsided. Following this three quarts of physiological salt solution were given hypodermically, with the result that a complete anuria and coma returned, which soon proved fatal.

It has been previously stated that a normal saline solution is of marked benefit in toxemias, especially when of uterine origin, followed by septicemia.

In such cases it is always assumed that the

skin and the kidneys are functioning normally.

A warning must be given not to confound such a toxemia with one where the sodium chlorid elimination has been interfered with, as in the acute fevers.

In lobar pneumonia, especially in the later stages, where the salt is retained more or less at the site of the lesion, where the kidney function is unimpaired excepting as far as the excretion of sodium chlorid is concerned, every precaution must be used lest too great a quantity of salt is retained within the body, especially the lungs, and lead to sudden edema in that region.

The harm resulting from the large amount of water introduced is probably even greater than that produced by the effects of chlorid retention.

The value of the restriction of fluids in conditions of cardiac insufficiency has been almost universally accepted, especially when

this is associated with hypertension of blood pressure.

Even with prompt excretion by the kidneys, skin and lungs, the task imposed upon the heart is greater in direct proportion to the amount of fluid introduced, and this regardless of the manner of introduction.

There is no doubt that functionally competent hearts and kidneys are capable of successfully handling much therapeutic imposition. But from personal observation, I am convinced that this procedure is too often made use of without first having ascertained either the functional capability of the heart or the kidney.

Normal saline solution has a wide range of therapeutic possibilities, if there are present qualitative or quantitative changes in the blood-plasma which present logical indications for its use. In other words, we must always bear in mind the reaction of living cells to the therapeutic agent we wish to employ.



GRADUATING CLASS, CORY HOSPITAL, CORY, PA. (SEE NURSING WORLD DEPARTMENT)

Bichloride of Mercury Poisoning—Report of a Case with Recovery

KATHERINE ROONEY, R.N.

ONE'S attention is frequently attracted to newspaper reports of cases of bichloride of mercury poisoning with almost invariably fatal results. Commonly we learn that the victim of the accident has made the mistake of taking a poisonous tablet instead of a supposed "headache tablet."

It seems incomprehensible that such dangerous drugs are kept in close proximity to drugs for internal administration and with no particular labeling on them to indicate their very deadly nature. However, such carelessness does exist, and mistakes will continue to occur until bichloride of mercury and like poisons are required to be put up in an especial form and coloring that will distinguish them from drugs of a less harmful nature.

In poisoning from bichloride of mercury, death does not always take place immediately; the average length of time being one to five days, but the illness is frequently prolonged from ten days to three weeks or more, life finally being terminated by the destructive action of the drug upon the kidneys.

Before giving a report of case we will consider the result of a toxic dose of bichloride when taken into the system. In toxic doses it has a violent irritant and caustic action, symptoms appearing in a few moments, intense burning in stomach, followed by nausea and vomiting, vomitus containing blood and mucus, metallic taste, a little later dysenteric purging with tenesmus and cramps. In the class of cases where death comes early the symptoms given above are followed in a few hours by collapse, small, quick, irregular pulse, pinched anxious face, cold extremities, syncope, convulsions, coma and death.

The smallest fatal dose is not absolutely certain, but may be put at three to five grains. If the patient survives the early effect of the drug, then death is brought about by the kidney complication. After a few days the more distressing symptoms disappear. To judge from appearances, one would feel that the patient was on the gain. But urinalysis, both chemical and microscopical, undeceive one in this respect. Such notes as are given here of the effect of bichloride upon the kidneys are largely gathered from post mortem findings.

In acute mercurial poisoning, such as follows the taking into the system of a bichloride tablet, the kidneys are affected early in the course of the process, as to appearance, structure and function. It is a toxic type of acute nephritis, but from the fact that it follows the ingestion of the poison and results from the endeavor of the kidneys to eliminate it, makes it appear rather as a degeneration than a simple inflammation.

*To the naked eye the kidney appears more or less enlarged, usually red in color, and it is softer than normal. Occasionally in the latter stages of the condition, from two to four weeks, after the taking of the poison, it may appear yellow, the change in color being due to a fatty degeneration replacing a cloudy swelling in the cells. A cut section shows localized necrotic areas, which become apparent upon microscopic examination as areas in which the cells with their nuclei are fragmented. On the whole it is the cells rather than the interstitial tissue which are affected.

The physiologic or functional changes in the ordinary case of bichloride poisoning, following the ingestion of one tablet (7 to

*Notes on Post Mortem Findings and Urinalysis. Kindness of Dr. Hutchison.

9 gr.) are as follows: The urine is diminished in quantity and altered in quality, from the addition of the products of degeneration. It then becomes scanty, of high specific gravity, dark in color upon standing, and rich in salts and albumens. In the more violent cases, accompanied by widespread destruction of tissue, the accumulation of inflammatory products in the capsular spaces and the destruction of the glomeruli may entirely suppress the urine. Again, in the one other class of cases where the secreting cells seem to be destroyed in their entirety, the formation or elimination of urea is suspended and the condition becomes as critical to the patient as those cases in which no urine is secreted. This peculiarly destructive action of bichloride upon kidney tissue makes the prognosis of such cases most unfavorable. When recovery does take place, the convalescence is long and tedious.

In the case I am about to report, I was called to assist in the care of the patient about forty-eight hours after the accident had occurred. History of case is as follows: The patient a woman thirty-eight years of age, of refinement and education, wife of a practising physician and mother of four children. She was subject to attacks of indigestion, with its attendant miseries, and had this day been stricken with one of her usual "spells." Thinking to relieve a nervous headache which had become well-nigh unendurable, she had gone to the doctor's medicine case and obtained what she supposed was an aspirin tablet, but which proved to be a seven and a half grain bichloride of mercury tablet.

The tablet was scarcely swallowed when an intense burning in the stomach began, followed shortly by nausea. The patient thinks it was about ten minutes after the tablet was taken when she started to vomit. Food that had been eaten early in the day still remained in her stomach undigested. This was probably most fortunate for the woman, as the effect of the drug, if taken

into an empty stomach, would likely have proved fatal in a few hours. The vomiting was most violent; after the stomach contents had been ejected the retching and straining continued, only mucus and blood now being vomited. The doctor, who had been paying a sick call, came in, and finding his wife exhausted from her long-continued vomiting, and having no knowledge of the tablet being taken, diagnosed her illness acute indigestion and treated her accordingly. Later a history was obtained of the tablet having been taken and its true nature learned. A different diagnosis was made, but several hours had elapsed and consequently valuable time had been lost.

In about six hours after the bichloride was taken the patient began to have purging, cramps and tenesmus, bowels moved almost constantly and evacuations contained bright blood and mucus. Patient was in a grave condition and required stimulation by hypodermic. It was also necessary to give small doses of morphine to quiet the action of the bowels and control pain. External heat and usual methods for combating shock were used. In less than thirty-six hours salivation appeared.

When I begun the care of the patient, forty-eight hours after the accident had happened, vomiting had ceased, although some nausea was present, bowels were still loose, cramp and tenesmus still present, but not so steady, stools were less bloody and consisted almost entirely of mucus. She was getting 1-12 grain doses of morphine sulphate at from four to six-hour intervals. On account of the kidneys we tried to avoid the use of opiates as much as possible. Patient was having nothing by mouth excepting hot water, two drams once an hour. Strychnine sulphate grain, 1-30 hypo, once in four hours.

After the bowel condition had quieted, proctoclysis was begun, using sodium chloride, dram 1 to water 1 quart. With the aid of small doses of m.s. the water was retained;

it was given slowly at the rate of forty drops to the minute. In this way the action of the kidneys was sustained and fluids furnished to the system. Patient complained a great deal of feeling as if she were fainting away. Inhalations of aromatic spirits of ammonia were used to overcome this sensation. Blood pressure was 103 mm., temperature $97\frac{1}{2}$, pulse 104, irregular, weak and compressible.

On the fifth day it was decided to give castor oil to remove any possible traces of unabsorbed drug before beginning alimentation, thus obviating danger of any further absorption of poison. Give aromatic castor oil, half an ounce at a time for two doses, and given four hours apart. After action was obtained, begun albumen water, half an ounce every hour. This seemed to be well borne by stomach. At this time begun small doses of infusion of digitalis, 1 dram, once in three hours. Temperature continued to vacillate between 97° and 99° , pulse 88 to 104, respirations slowed 9 to 12, and continued very slow throughout the illness. After twenty-four hours diet of albumen water, whey was added to the dietary and amount increased to two ounces every hour, alternating the two.

Urinalysis for first week as follows: Chemically the only pathological finding was a specific gravity of 10, 22 and the presence of albumen in marked but varying amounts. Microscopic—great numbers of renal and squamous cells, appearing enlarged and abnormally granular, with retrogressive changes in the nuclei. They appeared in great clusters, being still attached to the basement membrane. Numbers of erythrocytes were present, many pus cells, and both granular and blood casts in great numbers.

In the second week the proctoclysis was continued, lengthening the intervals of its administration as the ability to take more fluids by mouth increased. The stools still showed an occasional trace of blood and quantities of mucus. Salivation still con-

tinued but improving. Saturated solution of chlorate of potash was used for a mouth wash. Morphine was entirely withdrawn, continued strychnine stimulation, grain 1-30 every four hours and infusion digitalis, 1 dram once in three hours, urotropin, grains $2\frac{1}{2}$ once in four hours. Buttermilk was added to the diet list, which now consisted of whey, albumen water and buttermilk, alternating them and giving four ounces once in two hours. Temperature the second week ran between 98° and 99° . Pulse, 86 to 100. Respirations, 10 to 13. Urinalysis for second week as follows: Sp. Gr., 10, 18 to 10, 20. Less albumen but still moderate amount. Microscopical: Many cells in all stages of degeneration, still showing fragmented nuclei, but most all free from basement membrane. Less erythrocytes and blood casts. Appearance of many leucocytes, pus cells and few shreds. Less granular casts.

In the third week the proctoclysis was discontinued. Patient suffered some annoyance from proctitis, as a result of this long-continued treatment. This was soon overcome by a few sedative suppositories. Medication in third week was as follows: Strychnine sulphate, grain 1-30 once in four hours; salol, grains 5, once in four hours, infusion of digitalis, 1 dram once in three hours. Plenty of water to drink. Small doses of castor oil, p.r.n. Stools fairly well digested, some mucus present. Skim milk added to dietary. Diet increased to 6 ounces every two hours. Temperature during the third week, 98 to $98\frac{1}{2}$, pulse 68 to 70, respirations 10 to 13. Urinalysis as follows: Sp. Gr., 10, 10 to 10, 20. Marked traces of albumen. Microscopic: Many fragmented cells present and others typical of fatty degeneration, although containing some pigment granules. Fewer erythrocytes. Many actively motile bacilli, closely resembling *B. Coli*. An occasional granular cast, with about same number of hyaline casts present.

In the fourth week patient began to sit

up a little, increasing length of time each day. Semi-solid diet was begun gradually, passing on to solid food. A chronic nephritic diet list was then followed.

Medication, strychnine sulphate, grain 1-30 once in four hours, given by mouth, infusion of digitalis, 1 dram once in three hours; urotropin, grains 5, four times a day; bowel condition much improved. Stools well digested, very little mucus. Temperature, 98 to 98½, pulse 68 to 75, respirations 12 to 14. Urinalysis as follows: Sp. Gr., 10, 18. No albumen. Microscopic: Few cells still showing fatty degeneration, free from pigment. Also a number of cells showing reconstructive process to be active, with a few normal cells. Also a few transitional cells, probably from the bladder. No casts. No red cells and very few white. Many bacilli.

In the fifth week I concluded my care of

the case. The patient was slowly and steadily gaining in strength. Fairly good appetite. Kidney condition slowly improving. Medication, strychnine sulphate, grain 1-60, q.i.d. Bashams mixture, 2 drams, t.i.d. The successful outcome of the case was most gratifying to doctors and nurses, as the fact that the mistake was not discovered until so much valuable time had been lost made the prognosis most unfavorable.

Important factors in the patient's favor were: That the absorptive power of the stomach was so poor at the time the poison was taken, the ability to retain the salt solution by rectum sustained the kidneys in performing their functions and that not until convalescence was established did the patient know of her mistake thus doing away with the consequent shock that such knowledge would have entailed.

Practical Points in Ophthalmic Nursing

MARY SEWARD HARRIS

ONE great difference between nursing surgical ophthalmic patients and other surgical patients is that eye disinfection is a much more delicate piece of work than the disinfection of most other areas for operation. Strong antiseptics are never permissible in eye work and the greatest care must be exercised during the operation to keep the part as nearly aseptic as possible, without injuring the delicate membranes of the eye.

Preparation for the operation requires,

besides the usual general preparations, that the hair be carefully washed and dried, so that the head is thoroughly clean. The eye is cleansed with boric acid solution and a compress saturated with boric acid applied. The doctor may order the eyelashes clipped. He is likely to require that male patients be clean shaven if the operation is likely to be serious. Sores of any kind on the face or head, or discharges from eye, ear or nose should be reported.

The morning of the operation the face must be well-washed, using soap and warm water, and then sponged with whatever solution the surgeon prescribes; the corners of the eyes and the eyebrows should be given special attention. The boric acid compress is again applied and kept moist till the operation begins. The hair when the operation is about to start, is covered with a sterile towel and the face covered with sterile gauze leaving an opening around the eye. A sterile towel is also placed over the chest.

After an iridectomy operation the patient, with both eyes bandaged, is put back to bed and kept in a dorsal position. The head should be kept quiet by using small sandbags for the first twenty-four hours, or longer, if the patient is inclined to be restless. He must be made to understand that the bandages are not to be touched or the

eye rubbed in any way. It may be necessary to tie the hands to prevent doing this unconsciously. Every effort must be made to prevent vomiting, and for several days after the danger of vomiting has passed, the diet should be semi-liquid or liquid.

In doing dressings after an iridectomy, the most rigid antiseptic precautions must be observed. Warm boracic acid must be ready for irrigation in case the compress sticks. The lids are gently separated with sterile hands, using sterile gauze swabs as an extra precaution.

It should be needless to state that a nurse who has been in contact with pus or pus dressings in any way, or with contagious diseases, should not be allowed to assist at either eye operations or eye dressings. Just a little carelessness may mean total blindness or a long period of needless suffering.

Causes of Urinary Difficulties in Obstetric and Gynecological Patients

CHRISTINA GRACE RANKIN

TWO common urinary difficulties in obstetric patients are incontinence and retention, the latter occurring more frequently than the former. There may be a temporary paralysis of the neck of the bladder, owing to pressure or injury during labor, so that though the bladder may be full, the patient either feels no desire to empty it, or is unable to do so. Severe bruising or stretching and swelling of the urethra is common where the labor has been protracted and difficult. The unnatural method of urinating while lying on the back often becomes an impossible method in a nervous patient. There are some women who seem to find it a physical impossibility

to urinate while in a recumbent position, who find no difficulty if allowed to sit on a vessel in bed. Many physicians prefer, where there is no perineal wound to heal, to have their patients sit up to urinate from the beginning of the puerperium, claiming that the uterus is better able to get rid of clots, when such a position is assumed.

Incontinence often results owing to a weakness or lack of tone in the sphincter muscle of the bladder, which may or may not be due to injury during the birth.

In the early months of pregnancy inability to retain the urine the average length of time is common. As a rule this trouble passes away, but returns again, as the head

of the child sinks into the pelvis a few weeks previous to the birth. It is sometimes due to the tipping back of the uterus, effecting a compression of the urethra. The bladder may become greatly distended and then overflow without fully emptying it. Some relief in this condition is afforded by assuming the knee-chest position in trying to urinate. In all such cases, if the catheter is resorted to, the greatest care must be used so as not to injure the urethra. A little force in passing the catheter might easily result in making a false passage into the bladder.

Frequent urination is one of the most important symptoms of cystitis; yet frequent urination is present in so many other conditions without cystitis that its importance as a symptom must be estimated in connection with various other conditions, such as pain and the appearance of pus, etc. The nurse's observations in such cases can be most helpful. She should note how often urination occurs; whether distress is worse by night or by day; whether urination is accompanied with pain and when the pain is most intense—during urination or after; can the patient control the bladder when the pain occurs; is the trouble affected by menstruation; is it more painful or less painful when urination occurs when the bowels are moving.

It has frequently been stated by expert obstetricians that even when ordinary aseptic precautions are used in regard to catheterizing such patients, obstetric patients are more liable than others to develop cystitis, owing to the fact that the bladder and urethra are so frequently injured and require most careful management; also to the lochia bathing the external genitals and to the lowered resistive powers of such patients after prolonged or difficult labor, which make a patient less able to throw off even a slight infection.

In gynecologic nursing cystitis is one of

the common complications, and skilled operators have stated that even with the most perfect skill and technic known it is sometimes unavoidable. In major pelvic operations, such as hysterectomy for carcinoma, the bladder is frequently injured during the operation and the cystitis develops as a result of such injury, rather than as a result of careless technique in catheterization.

A prominent gynecologist* cites the following list of causes as contributing to the development of cystitis after pelvic operation, say for carcinoma of the uterus.

1. "A depressed state of health before operation.
2. "Often a condition of severe mental depression.
3. "A severe mutilating operation.
4. "Severe trauma exercised upon the bladder itself.
5. "In some cases, protraction of the operation which taxes the vital forces to the utmost.
6. "Considerable, sometimes excessive loss of blood.
7. "In the case of carcinoma, injury of the bladder at the point of detachment from the uterus and the vagina, an injury which must heal by suppuration during convalescence.
8. "Constraint of posture after operation, when the patient lies on her back and is unable to empty the bladder properly on account of the unusual position, so that there is either an over-distention or a residuum of urine after voiding.
9. "Complications during convalescence causing elevation of temperature, which further lowers resistance."

It is well for the nurse to understand as fully as possible the conditions which predispose to urinary difficulties with such patients, so that she may the more fully guard against them.

*Howard A. Kelly in *Medical Gynecology*.

Department of Public Welfare

The Instructive Visiting Nurse Association

THE work of the Instructive Visiting Nurse Association of Baltimore is thus described in the Johns Hopkins Nurses' Alumnae Magazine: "There is scarcely a month but some new branch develops or the old lines improve.

One of the important and interesting phases of our work is that done for the Bureau of Statistics and Information. Children applying for permits under the Child Labor Law who are found physically defective are turned over to this Association to follow to their homes and arrange for examination and treatments as far as possible at the dispensary chosen by the Bureau, and report back to the Bureau when the treatment is completed. It may be for treatment of eyes, obtaining glasses, removal of tonsils or adenoids, or a course of salversan—in fact, any surgical or medical care. Many cases require ten to twenty visits and are on the visiting list from three to four months.

Another interesting branch is the work done with the School Attendance Officer. They report a great many similar cases to those of the Bureau of Statistics and Information. When the children are able to return to school, we notify the truant officer.

One of the new branches of work started is the pre-natal and post-partum care of patients in the southwestern section of the city. One nurse is assigned to the visiting work and another is provided to assist the woman physician in charge at the time of delivery. This work is done only with the cases selected for the Mothers' Relief Society.

On April 1 a new record system was started which greatly simplifies and shortens the task of record-keeping for the staff.

The work begun in Annapolis one year ago has greatly increased. With the opening of the Tuberculosis Dispensary and the inspection of school children, this section now claims the entire time of the nurse.

Classes for self-supporting girls, which have been given for the past fifteen years, were very well attended this winter, and, as usual, greatly appreciated. These girls come from stores, factories, offices and homes, to learn how to care for the sick in their homes, preparation of diet, etc. There are also lectures on tuberculosis and personal and social hygiene. The same group may come only one season, making it possible to reach and teach new members each year. This branch of the work is not confined to the Nurses' Home. A series of classes have been given to two groups of colored women this winter, with very gratifying results. Talks on hygiene, home nursing and the care of the children are also given in clubs, churches, factories and schools.

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Questions for Social Workers

The New York School of Philanthropy announces that admission to the one-year or two-year classes for 1914-'15 will be by examination only. Examinations will be held on June 29 and September 7. The entrance examination for the year now closing required specific answers to the following questions, which will be of interest to nurses looking forward to social work:

1. What is your ideal of the meaning of

"social work" and the business of the social worker?

2. State briefly what you understand by the following terms: Heredity, Juvenile Court, Capital (in the economic sense), Charity, Economic Interpretation of History, Defectives, Unearned Increment, Standard of Living, Probation, Death Rate, Environment, Instinct.

3. What kinds of facts (or statistics) are needed as a basis for social work?

4. Give a brief account of the industrial revolution, outlining social and economic problems to which it gave rise.

5. Describe some of the social problems that would arise through the location of a steel plant employing ten thousand men (about 50 per cent. of them unskilled labor) in the open country near a village.

6. What are the most important functions of the family as a social institution? What economic and social conditions are in danger of interfering with the continued performance of these functions?

7. What reforms in local government would further social welfare and why?

8. What social and economic conditions coming under your observation have impressed you with the need for social work, and what kind of social work do they seem to demand?

9. Of what practical use would a knowledge of psychology be in the treatment of a delinquent child?



The McClelland Health Bill

On April 23 Governor Glynn, of New York, vetoed the McClelland Bill, which would give the widest latitude to mental healers to pursue their calling without check or supervision, and would give them in some ways the same rights as practising physicians.

One of those most active in opposing the bill was Dr. S. S. Goldwater, health commissioner of New York City. The following is

an extract of Dr. Goldwater's letter to the Governor:

While the influence of mental suggestion in certain circumstances is admitted, it is clear that the ability to select cases which will respond to such suggestion and which do not need actual medical or surgical relief cannot be acquired in the brief course of metaphysical training pursued by mental "healers." The ability to distinguish purely organic from psychic maladies can only be acquired after a careful study of both kinds of pathological conditions, psychic as well as physical.

We may all shrug our shoulders when a mental healer denies the reality of disease. How serious the consequences of such perverted ideas may be to the community is shown, however, in cases such as that of Louis Wessel, who died of diphtheria in this city on January 17, 1914. The reality of disease being denied and a Christian Science healer being in attendance, the case was, of course, not reported to the health authorities. No quarantine was established and no steps were taken to prevent the spread of the disease. When the case was reported to the Department of Health by the Coroner's office, an inspector found that the sister of the dead child had continued to attend the public school during the patient's illness. Cultures taken from her throat revealed the presence of virulent diphtheria bacilli, and showed that she had exposed all the other children in her class to diphtheria infection. If the bill under discussion became a law the community would stand powerless to adequately protect itself against a host of preventable diseases.



Nurse for City Offices

Marcus M. Marks, borough president of Manhattan, has requested that Dr. S. S. Goldwater, commissioner of health, assign a physician and nurse to the Municipal Building, where a room has been reserved for them. Mr. Marks said the delay in the arrival of a surgeon to attend Corporation Counsel Polk, who was wounded recently by the shot intended for Mayor Mitchel, had convinced him of the necessity for a provision for emergency cases in the city departments.

Gleanings

An Attack on the Red Cross

Another attack upon the Red Cross has caused that organization to take the defensive again. Miss Edith Durham, a Balkan war correspondent, is quoted as saying in London that the wounded and sick who were cured by the Red Cross hospitals immediately returned to the ranks. Thus the aid which was given as a purely disinterested charity, really became a means of prolonging the war. Humanity begot inhumanity. This has been quite a shock to the public, but the facts have been known for a long time to the initiated. Miss Mabel Boardman, while admitting the facts theoretically, stated that the \$400,000 expended by the Red Cross was such a drop in the bucket compared to the whole cost of the war, that there could have been little effect. Still, that much money could restore a lot of soldiers to a fighting condition. The interesting point has been ignored in the press dispatches. If the Red Cross is such an aid to efficiency, it must throw off the cloak of neutrality and be counted in the military resources of a country and dealt with like every other army agency. It will be justifiable to capture it and put its materials to use; indeed, if a commander needs its supplies he could be shot if he did not use them. War is hell, and the experience of the world is to the effect that the hotter it is, the sooner over. Fierce, bloody brutal wars destroy fewer lives than long, humane ones. The fact is, the Red Cross was devised when there was no good organized medical department to cure the wounded and is still used in lieu of one, as in Russia; but it has become a useless anachronism elsewhere—actually a nuisance which has to be coddled with protection and transportation sadly needed to

haul food and bullets. Its modern role is drifting to a means of temporarily aiding people overcome by disasters, such as floods, conflagrations and earthquakes, when the local machinery is wrecked. It has amply justified its existence in peace, but in war experience shows that a trained medical department is more efficient and the Red Cross useless except at a distance from the front, and the further back the better.—*American Medicine*, March, 1914.



Graves's Disease

In the *Medical Press* Dr. Herbert French lays stress upon the risk of partial thyroidectomy for Graves's disease, and advises various alternatives which are worth trying before any decision to operate is arrived at. Rest in bed and feeding up; X-rays locally, and the interrupted galvanic current are some of these measures. Beyond these he speaks very enthusiastically of the application of supra-renal extract (one in a thousand) on lint to the whole front of the neck. As a rule he prescribes this for night only; the lint is covered with gutta-percha tissue to keep it moist, and is applied so wet that it just does not drip. Dr. French gives no reasoned explanation of this method of treatment, nor any statistics as to its effect; he merely records his general impression that, clinically, the results are good. It would be stupid to belittle the clinical impressions of so acute an observer as Dr. French, who himself admits that he is far from being able to offer any rigid scientific proof of his theorem. Still, we cannot yet afford to throw aside empiricism in medicine, and if further experiment by impartial observers shows that adrenalin locally ap-

plied really does help exophthalmic goitre cases, the fact that it is difficult to see why will not count for very much with those who have the actual care of these patients.—*The Hospital*.



The Dorsal Position After Childbirth

Dr. W. C. Gayler, of the University of St. Louis, in a recent number of *Journal of A. M. A.*, argues that the dorsal position during the puerperium is a most efficient cause of retroversion of the womb. He reminds us that the uterus after delivery is not only large and heavy, but more freely movable than at any other time of the woman's life. The ligaments are too lax to support the uterus in its proper place, and the bladder is subject to over-distension, which is another potent factor in crowding the uterus backward into a false position, particularly if the woman is lying on her back. The dorsal position, for these reasons, would seem to be the very worst possible position for the woman, because it favors retroversion of the womb as no other position could.

The involution of the uterus, ligaments, vagina, vulva and perineum is a physiologic act, and should therefore leave no defect or malposition behind it.

If we assert that a return to the four-footed manner of life would remove posterior uterine displacements, we state an interesting fact that cannot possibly be demonstrated. If we ask, however, that woman remain off her back during her puerperium, thus taking a lesson of the lower animals, we ask something that is possible of fulfilment. To spend most of her time on her right and left sides, occasionally to be flat on her abdomen, or to assume a position slightly on her side but almost on her abdomen, would seem a logical procedure for at least eight days. Bumm says that the uterus loses half

its weight in the first eight days following delivery. The involution of the round ligaments is probably well advanced by that time.

I certainly think that the dorsal position should be prohibited during the puerperium, unless there seems to be an interference with the flow of the lochial discharge while the woman is in other positions.



Technic of Small-Pox Vaccination

Isadore Dyer, of the Tulane University College of Medicine in New Orleans, has strongly urged the modification of certain common practices in connection with vaccination in the belief that they not only represent an unnecessary hardship and discomfort, but also contravene the best hygienic postulates in developing immunity to smallpox by producing vaccinia in the subject. Many operators leave the after-treatment of vaccination to the person concerned, indifferent as to the vesicles, the pustulation and the pit or pock-mark deemed the evidence of a successful vaccination. Dyer . . . insists that the vaccination should stop at the vesicle and that the pustule—a sign of local infection with pus organisms—should be prevented. In smallpox itself every effort is made to avert the appearance of pustulation and the consequent pitting. Why not in vaccination? If we admit that the vaccination process should stop at the vesicle and that pustulation is not only unnecessary but even undesirable; then the eruption should be checked before the objectionable stage by purposefully breaking the vesicle and treating the site antiseptically. Dyer remarks that the evils of vaccination are prevented by such a procedure; there can be no impetigo, and multiforme erythema, and its congeners cannot result from pus absorption.—*Journal of the American Medical Association*.

Editorially Speaking

Widening the Field of the Private Nurse

In our issue of February, 1914, we published the new schedule of rates of the Holyoke City Hospital Nurses Alumnae Association, and also the arrangements that have been made by which the nurses who have agreed to give two weeks of each year for charity work may be secured.

In these days when nurses are so frequently accused of commercialism, this arrangement of free service to the poor is worthy of special mention. In various other places nurses have attempted to meet the call for trained nursing among the poor by an "extension fund," contributed by nurses themselves, out of which the nurse is paid for caring for patients unable to pay. These efforts go to show that nurses in different places are seriously trying to meet the needs which exist in their various communities, yet they leave with the thoughtful reader the feeling that all such efforts must be inadequate to meet the wide needs which exist in the average community. That nurses should be obliged to contribute to an appreciable extent, out of their own earnings, to care for other wage earners who are ill and who are unable to meet the cost of skilled care, is unfair. With adequate organization for meeting the needs of a community, such a burden would not be placed on nurses, and the extent to which such work can be developed while it is dependent on nurses' contributions must always be limited.

We can pay all honor to the nurses who have initiated and who have contributed to these extension funds, and who are giving free service amounting to \$50 in a year, and at the same time we can be wise enough to

look facts squarely in the face, and admit that something more is needed. That instead of nurses trying to carry this burden alone, they should seek to enlist through organization, the financial assistance and the sympathy and interest, of well-to-do citizens who are able financially to extend such work; also of the best physicians of the community, who help make the demand for better nursing, and who are able to win friends to the support of this work, which nurses alone could never reach.

We have dwelt long enough in the "close communion" stage of nursing, when the most important thing in the minds of some nurses seems to be that graduate nurses must control everything relating to nursing, as if it were a question that concerned them, and them alone. It is largely because of a persistence in that line of argument, that we find today two-thirds of the field of nursing occupied by a heterogeneous collection of nurses, working without any responsible oversight and assistance, and creating competition for graduate nurses, which is undesirable, and which would not exist if in every community we had a general center, backed by citizens, for supplying the different kinds of nurses, and with a graduate nurse in charge, who would fit the nurse to the needs of the patient and home.

We have been vastly more concerned in the past over the fact that untrained practical nurses were receiving in some instances, a weekly payment, almost or fully equal to that which graduate nurses were receiving—vastly more concerned about this than about the fact that some moderate wage earner and breadwinner for a family was dying for want of a few days' or weeks' skilled care at a critical time.

If we are to make any progress in winning friends to the support of skilled nursing for all who need it, we shall have to readjust our viewpoint. We shall have to focus our attention on how to get skilled nurses to those who need them, rather than on the wages which practical nurses are demanding. A responsible representative organization of citizens, physicians and nurses working together in a community could do more toward controlling the abuses complained of than all the laws which could be passed in a dozen years.



The Obstruction of Catch-Phrases

In any effort to broaden the nurses' field and to bring the graduate nurse into helpful working relations with all classes of people who need skilled nursing, one is sure to meet the nurse who, consciously or unconsciously, obstructs progress by interjecting catch-phrases to confuse the minds of those whose active sympathy and support it is desirable to have. There are many nurses who will try to banish all consideration of the question, by making use of some catch-phrase such as "*don't lower the standards,*" "*there is no reason why the poor or middle class should have inferior nursing,*" or "*graduate nurses should keep what they have gained.*" There is neither reason, logic nor common sense in any of these catch-phrases. Every one who has an intelligent understanding of the situation, knows that there are no standards to be lowered in two-thirds of the field of nursing. That the standards that obtain in the greater part of the field of nursing, are the standards fixed by each practical nurse for herself, yet we find nurses everywhere prone to fall under the tyranny of this catch-phrase and using it to prevent any progress toward the occupation of the whole field by graduate nurses.

No catch-phrase has been more potent as an obstruction than the one, "*there is no reason why the poor or middle class should*

have inferior nursing." A hospital superintendent who felt keenly the need of some organized provision for supplying nursing for middle-class people, talked with some of the active members of the hospital board and some of the leading staff physicians, and found them responsive and ready to help in any way. She then talked with the members of the alumnae association of the training school, but found them supinely indifferent. Some one immediately brought up the catch-phrase, "*there is no reason why the poor or the middle class should have inferior nursing,*" and the rest were speedily reduced to silence. None of them had any program for providing the "*superior*" nursing they thought people ought to have, yet they used the catch-phrase in order to pose as those with high ideals and standards of nursing, and appeals to reason or common sense were in vain.

As a class, graduate nurses are profoundly discontented with present conditions and with the competition of practical and untrained nurses, yet discontented as they are, it is easy to lull some of them to sleep, or to reduce them to silence by the catch-phrase "*graduate nurses should keep what they have gained.*"

It is easily possible to obstruct the view of a great mountain by holding a fifty-cent piece in front of the eye, and there are always nurses who fail to see their great opportunities because their vision is obstructed by small considerations. They protest incessantly against the weekly rates charged by some practical nurses, and use it as an argument why such nurses should not be encouraged—yet they know of a surety that the world always has had untrained nurses, that doctors and citizens still insist on having them, because there are so many homes needing them, and because graduate nurses do not want to do the general work that practical nurses do. Experience has proven that given a responsible representative organization, to take hold of the situa-

tion, the practical nurses will work under the supervision of a graduate nurse, and that the rates for their services can be controlled in that community.



The National Associations

The American Nurses' Association, The National League of Nursing Education, and the National Organization of Public Health Nurses held joint conventions in St. Louis, Mo., April 23 to 29 inclusive. Each organization had an elaborate program, apart from the joint meetings, and there were meetings of committees and sub-committees galore. The war cloud, which hung so very heavily over our nation at the time of the convention, made necessary a change in that part of the program devoted to the Red Cross, some of those interested being detained or called back to Washington. Also several prominent nurses were detained on account of illness, but their papers were presented by others. As was the case last year, the National League of Public Health Nurses was the organization in which greatest interest centered, and the subjects commanding the most attention from the press and the public were the prevention of blindness and the training of midwives. Prominent among the speakers were Dr. Frederick A. Hall and Dr. George Dock, of Washington University, Dr. Charles P. Emerson, Surgeon J. O. Cobb, of the United States Public Health Service, and Carolyn C. Van Blarcom, executive secretary of the New York Committee for the Prevention of Blindness. A more detailed account of the conventions will be found in the Nursing World Department.



Consolation House

We have the pleasure and the privilege of presenting to our readers in this issue a paper on "Invalid Occupation," which expresses some of the views of Mr. George

Edward Barton, who has established as an experiment at Clifton Springs, N. Y., "Consolation House," a school, workshop and vocational bureau for convalescents. Mr. Barton has spent over ten and a half years of the last twenty in hospitals or convalescence, and he has been impressed by the tremendous amount of time wasted while in the pursuit of health. Having been all his life interested in sociological problems, he determined to see if there was not some way by which all this wasted time could be reclaimed for the benefit not only of the individual sufferer, but also of society at large. The subject as a whole, simple though it appears at first sight, is in reality a very involved and far-reaching one, and his present plant and outfit he regards merely as a laboratory in which certain theories may be proved or disproved before attempting the work elsewhere and upon a larger scale.

Besides Mr. Barton's ample experience as a hospital patient he has other qualifications to fit him for such a work. Born in Brookline, Mass., early in his career he went to London, England, where he came under the personal influence of William Morris, from whom he received his first interest and enthusiasm for sociological study. Returning to Boston, he entered the office of R. Clipston Sturgis, now president of the American Institute, of whom he later became a partner. He won the Shattuck Prize for industrial homes; was one of the incorporators and the first secretary of the Boston Society of Arts and Crafts, and at the formation of Simmons College was called upon to assist in the formation of courses in domestic economy. As a member of the firm of Sturgis & Barton he helped to design and build the South End House and the Franklin Institute. His health breaking down for the fourth time, he went to Colorado, where he regained his strength, and was called upon by the trustees of the Myron Stratton Home to formulate and define their problem of a trust involving some twelve

millions of dollars to be expended for the good of the poor of Colorado.

His health again breaking down, he came east to Clifton Springs Sanitarium, where he recovered, and is now prepared to try his experiment.



A Wise Precaution

Some time ago there appeared in a contemporary nursing journal a very able and instructive letter, from Miss Lina Lightbourne, then superintendent of the Hospital of the Good Shepherd, Syracuse, N. Y., and a member of the Nurse Board of Examiners of New York State. This letter was a vigorous protest against many of the examination papers returned to the Board at the State examinations. It was claimed that many of these papers were badly written, badly constructed, and were conspicuous for their incorrect spelling. Miss Lightbourne pointed out that these papers were not only a reflection on the nurses presenting them, but were apt to prejudice those in the State Education Department against trained nurses in general. Therefore, their effect was far-reaching.

This letter has been brought forcibly to our mind recently, by the receipt of letters in which the writers protested against the interest shown in the non-graduate nurse. The writers proceeded to tell us of the sins of omission and commission of the non-graduate, and dwelt at length on her lack of education and ignorance. In each instance the letters R.N. appeared with the writers' names. But, sad to relate, these letters charging the non-graduate with lack of education were badly written, badly constructed, and the simplest English words were incorrectly spelled.

We will not dwell on the lack of Christian charity shown in these letters, nor the very unbeautiful spirit shown toward the less fortunate sister nurse, but would mildly suggest that when an R.N. wants to make an attack on the non-graduate and wishes to send it forth in writing, if not able to prepare a

proper letter herself, she should take the wise precaution to have some more able person prepare it for her, for as Miss Lightbourne pointed out, we never know how far-reaching anything may be in its effect. If letters such as we have described should fall into less kindly hands than those of the editor of *THE TRAINED NURSE*, they would not only reflect on trained nurses in general but would most certainly reflect on the registered nurse.



Stop! Look! Listen!

Now that the legislative excitement is over, we make a most earnest appeal to those nurses who have been following blindly, whither they knew not, to Stop! Look! Listen! before they again allow themselves to be dragged into action which most emphatically is not in the best interests of the graduate nurse who is engaged in the practice of nursing in the home. Never lose sight of the fact that it is the public and the medical profession to whom you must look for your work. You cannot afford to antagonize—you cannot afford to have these against you. High sounding phrases, and impractical theories, may sound very well when all is going smoothly, but they are a poor substitute for good bread and butter. The battle cry "*for the generations to come*," will not sound nearly so inspiring, if you are out of work, and a board bill staring you in the face.

If you are women intelligent enough to have the care of the sick intrusted to you, you should also be intelligent enough to see the situation as it really is. While you are spending your time, strength, and money, chasing members of the legislature, and dabbling in nursing politics, the non-graduate nurse is making herself indispensable to the physician and the family. These are not theories, or opinions, they are facts. It is well to remember, before it is too late, the fate of those who would not "heed the handwriting on the wall."

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Hospital Convention in St. Paul

The annual convention of the American Hospital Association, to be held this year in St. Paul, Minn., August 25-28, offers besides the splendid and varied program, some especially attractive features. A day may be profitably spent on the way in visiting some of the famous Chicago hospitals. Minneapolis and St. Paul have some excellent hospitals that are well worth seeing. The convention committee is making it possible for convention people to get together on a special train from Chicago to St. Paul, leaving Chicago about midnight August 23 and proceeding by daylight through the prettiest scenery to be found along the course of the Mississippi River. Convention visitors from the East, South and Southeast should write Mr. Asa Bacon, Presbyterian Hospital, Chicago, for reservations on the convention train, without delay.



The Non-Commercial Exhibit

The Non-Commercial Exhibit is in charge this year of Miss Lydia Keller, superintendent of Cobb Hospital, St. Paul; Miss Harriet Hartry, superintendent St. Barnabas Hospital, Minneapolis, and Dr. A. W. Smith, Hartford Hospital, Hartford, Conn. This exhibit in recent years has added materially to the interest and value of the convention. It consists of practical devices which have been worked out by hospital people themselves and a demonstration of methods used in hospitals, designed to promote economy, convenience and general efficiency of the work in any department. Every reader of this magazine is invited to contribute practical ideas and articles to this exhibit. Many superintendents have stated that the practical ideas picked up at the exhibits in the last four years have more than repaid for the expense of attending the convention. Write Miss Keller, the chairman of the Non-Commercial Exhibit, about any practical article or plan you may have evolved which you are willing to contribute. Write her, also, about

anything you would especially like to see demonstrated. She may be able to secure a demonstration of the very thing you have been puzzling over.

Make your plans now to spend the convention week with hospital friends and be sure to make your reservations soon for the convention train from Chicago.



A Rural Hospital

On the editor's desk there lies a letter from the wife of a country doctor in Pennsylvania. She is a graduate nurse from one of the largest hospitals of Philadelphia. The letter is refreshing, because such letters are all too rare. After telling of some of the conditions relating to serious illnesses occurring in the country district where the writer lives, of the delays in getting seriously ill patients to hospitals from twenty-five to forty miles distant, she tells of the heroic efforts of a group of country physicians laboring in a rural territory of, say, two hundred square miles, containing eight towns and villages, with well-settled adjacent rural communities, to establish a country hospital, and to train some of the country girls of their own community to nurse country people in their own homes.

It is an interesting story which space does not permit repeating in full, but the part the doctor's wife is playing in developing this rural medical centre is of more than passing interest. The hospital has already been in operation some months. It has two buildings—one for acute and one for chronic patients. A graduate nurse is in charge, and the writer of the letter, the doctor's wife, goes over to the hospital in another town, to help with all operations, to conduct classes for the nurses and to help in the general management of the hospital. The location seems very desirable, the buildings adequate and suitable, with ten acres of land adjoining, which a man will cultivate to provide fresh vegetables, fruits, eggs, milk, etc., for the hospital family.

"I feel," says the doctor's wife, "that the work we are doing here can be made *practically ideal*."

The nursing plans are worthy of special mention, though no doubt some one will say "those who are doing the nursing are not nurses." "We want," she says, "to train nurses who will understand country people and country life and conditions, as no city girl can. The regular training schools," she says, "seem to train nurses only for city service"—a fact that is, unfortunately, too true. "We want to train young women *for nursing in the country*, to attract to this work the best of our rural girls and to give them the vision of real Christian service in a field that is practically untouched in America. We want to train them to assist country doctors. We have three such nurses now. We are planning a course of one year. Maternity patients in the country do not care to go to a hospital, but the doctors take the nurses out with them to cases, where they know there will be no objection, and teach them how to assist in childbirth. I have a large doll which I use for class demonstrating as far as the baby is concerned. The objection has been made that the nurses should be supervised by a graduate nurse while they are nursing in the homes, but the doctors say it is a positive luxury to have some one to help them who has had even a few months of training in our small hospital. I don't believe you can conceive the conditions under which our country doctors work, as far as assistance is concerned, to say nothing of skilled help.

"We are aiming to give these country girls the right ideals and the right spirit, so that they will not want to drift to the city or to regret that they cannot compete with the nurses from the city training schools. I hope you can read between the lines and see what we are trying to do. We feel that our nurses will occupy a place between the practical nurse and the fully trained graduate. We would be very glad of any suggestion from you." Then follows a list of the textbooks she is using and other details about this work for rural people.

Now, maybe this graduate nurse, doctor's wife, is not doing right in not trying to force these rural nurses into one fixed mold, so that they will be eligible for Army and Navy nursing and for factory inspectors and for social service and teaching positions, but somehow we cannot help deep down in our souls approving of her "*practical ideals*." We cannot help admiring the spirit of the letter and her plans in general for rendering better service in sickness to rural people and rural doctors. May her followers increase!

The Woman's Auxiliary of the Hospital

Quite recently, in a conversation with the nurse superintendent of a county hospital of fifty to sixty beds, she remarked that the "Commissioner" had suggested to her that a woman's committee or auxiliary of the hospital should be formed, and that such a committee might be a great help to her. She said that she told him that the day there was a woman's auxiliary formed, that very day her resignation took place. She wasn't going to have any committee of women "nosing" around that hospital, she said.

Undoubtedly she has lots of sympathizers among hospital superintendents, and yet, as one scans the reports of hospitals as they come in week by week throughout the year, one cannot fail to be impressed with the magnitude and real value of the work of the woman's auxiliary to some hospitals. Those reports speak eloquently of quiet, self-sacrificing work done in numerous ways, and there are few hospitals which do not need some of the sort of unpaid service which such committees are rendering.

The New England Baptist Hospital Woman's Auxiliary has a membership of four hundred and fifty, and is working to secure a thousand women who will agree to work for the Baptist Hospital. Even if a thousand women did no more than pay a membership fee of a dollar a year, in a small hospital, that thousand dollars could be spent to advantage in a dozen ways. Different committees of the Baptist Hospital Auxiliary have worked for the following definite things: Supported a free bed; contributed toward the linen supply; done the mending of hospital linen; presented the hospital kitchen with a new gas range; contributed money for the Thanksgiving and Christmas celebrations; made presents for the hospital Christmas tree; furnished baskets of groceries, fruit and vegetables, thus enabling the housekeeper to add more variety to the hospital dietary.

Almost any county hospital filled with the poorest of patients might be willing to have some of this sort of work done.

The Housekeepers' Guild, a committee of the Woman's Auxiliary of the U. B. A. Hospital, Grand Rapids, also assumes responsibility for much of the hospital sewing and mending, contributes all sorts of linen and household supplies, and does a varied amount of other valuable work for the hospital.

Another committee of the U. B. A. auxiliary has definitely undertaken the responsibility of such volunteer social service work for the hospital as they are able to do for the poorer patients.

The kind of social service they have done this past year includes the following, and you will agree that it is no mean or unimportant service they have rendered:

1. Conveying of patient to the hospital, if necessary.

2. Friendly visiting of patient while in the hospital.

3. Befriending the family of the patient and solving temporary problems brought about by illness of father or mother.

4. Providing comforts and pastimes for patients—such as bathrobes, slippers, flowers, reading, or automobile rides when the patient is able.

5. Conveying the patient home and seeing that he has proper food and care.

6. Trying to better home conditions so there will not be a recurrence of the illness.

7. When necessary, tiding the family over its temporary dependence.

8. Finding employment for such members of the family as are capable of working.

What service is your Woman's Auxiliary rendering to your hospital? Why not let others know of it?



Hospitals and Money

Few will care to disagree with the following remarks of Miss Amy Hilliard, regarding the disproportion shown in the money expended for hospital buildings and in the payment of adequate salaries for workers. We question, however, whether the blame for this can, in many cases, be charged up to the superintendent. The trustees go a-visiting, see some of these marble palaces, and resolve to come home and produce something quite as fine, and the superintendent often has little to say till the plans are far along.

"Why," asks Miss Hilliard, "do hospitals always need money? First, because of the craze for marble and brown-stone palaces, tiled floors, marble interiors and every form of 'last word' in hospital construction not in the least suitable. Trustees and superintendents apparently delight in the ultra.

"Scientific departments are fitted with an absolute disregard of cost and an equally comprehensive indifference to the amount spent. Is it necessary for patients to be, when ill, cared for in a palace?

"Economy must be shown in food, never in denying the scientist, although the ward maid may suffer and salaries of others reduced.

"In every hospital the slogan 'our yearly deficit' is heard, and yet the expense is allowed to run on. Until trustees look more carefully

into these matters, are less easily influenced by the shop jargon of the scientist who can and does impress these trusting souls when so inclined, there can be no improvement.

"The average trustee will sharply reprimand hospital employees, will deny the expense of food, wages, etc., but the bills for scientific apparatus and marble are cheerfully met. Cleanliness, absence of wood in construction, good food and plenty of helpers, are the necessary administrative requisites; but keep the scientific men away from the purse, or it will soon be an empty shell. The expensive hospital plant should be most carefully looked into. If less money were put into buildings, fewer demands would be made on long-suffering people who are called upon to support our palatial hospitals.

"Just a word about comparative cost—an absolutely silly effort. How can one household or family be controlled and made fit in to an established sum for each. Still less can one hospital be compared with its sister institution in the next block. And yet we hear the shout: 'Oh, ——— Hospital gives its per capita cost at ———.' Let us look over the annual reports and see what items have been eliminated to reduce. Figures may mean much, may mean little. Bear this in mind. It is the tendency of hospital boards to submit to big demands and emphasize some trifling saving that almost means oppression."



Helping the Handicapped Patient

Some months ago the Social Service Department of the Massachusetts General Hospital, following the lead of others who have studied seriously the problem of remunerative occupation for those who are handicapped, for the convalescent or partly disabled patients, opened a workshop for the manufacture of flower-pots. The shop is well equipped with automatic molds, so that people of little strength may turn out pots and flower-boxes of such design and coloring as should command a steady market at a fair price.

Inasmuch as the success of such a venture by a hospital was questioned, the following item from the *Quarterly Record* published by the Nurses' Alumnae Association of the Massachusetts General Hospital, will be read with interest:

"On December 10 Dr. Hollings, Miss Cannon and Miss Harper suggested to the hospital that a Christmas sale be held to dispose of the boxes and bowls made in the cement shop. Before noon on Saturday, just three days later, one thousand notices of the sale had been sent to people whom



IDLEWOLD

the Social Service Department considered interested in this work for handicapped out-patients. A salesroom at 421 Boylston Street was opened on Monday, December 15, with Miss Murphy, shop instructor, in charge. The windows were exceptionally well arranged, one of which created considerable interest, being a copy of a Della Robbia wreath of laurel and fruits. Many people who had not received notice of the sale were attracted solely by the window arrangement. The first day's receipts were beyond expectations. Many boxes were filled with plants and delivered by the hospital just before Christmas. Numerous orders were taken for bird baths and large garden vases to be made later. Before the sale it seemed impractical to make any but the smaller things. Since then the workers have been making large Etruscan vases and garden benches. The experiment was a distinct financial success; as well as a means for advertising the work."



Idlewold

Idlewold Sanitarium, Colorado Springs, is the business venture of two nurses, and as such is of more interest than it would otherwise be. The bungalow seen in the illustration is owned by one of them, and brings its owner, now a private nurse, an average of \$100 a month rental from "health seekers" who visit the Springs. The Sanitarium proper, "Idlewold," is owned by another nurse, whose sister is associated with her in its management. It has ten rooms for pa-

tients, each with a sleeping porch. Six of these porches show in the picture. It also contains the necessary dining and recreation rooms, and a suite for the owner's private use. From the beginning it has been a financial success.



The Night Superintendent

"If I have to thank the American Hospital Association for one thing more than a dozen others, it is that I have a night superintendent, and no one can tell what a relief that means to me." The superintendent who made this remark went on to tell how for over ten years she had had charge of a hospital of about fifty beds, and never had felt she could afford a night superintendent or night supervisor till the report of the special committee of the Association on training schools recommended a night supervisor for all hospitals, however small. She had always been on call at night, and often in special conditions both she and her assistant, the only other graduate nurse, were both on duty for some hours during the night. She told how she pondered long over how to squeeze out the salary of that third graduate nurse, in addition to the other salaries she was paying, and how finally she came to the conclusion it could be done and should be done, and plucked up courage to bring the matter before her board of trustees. She was prepared to show plainly that the need had existed for years, but that she and the day supervisor of nursing had carried the double burden. She

pressed the need gently but firmly, and she got her night supervisor. She isn't the only one, by any means, who has used the recommendations of the special committee to help to secure this assistance at night, and succeeded in getting what even the smallest hospital needs, a night supervisor. In the very small hospitals the night supervisor may have to assume some of the more important nursing responsibilities, in addition to supervising the work of pupil nurses, but the expense of a graduate nurse for this work is one that should be planned for and met in every hospital. We should have fewer prematurely worn-out women superintendents, if they would, in justice to themselves, as well as to the pupil nurses and patients, insist on a graduate nurse supervisor to carry the responsibility of directing the night work and meeting emergencies during the night. There are still a lot of women superintendents who are carrying the double responsibility of night and day work, who need to follow the example of the superintendent quoted and ask for a night supervisor.



The Free Bed Fund in Smaller Hospitals

Any hospital which appeals to the public for support is expected to be willing to receive some of the poor who cannot pay for care, and most hospitals do. How much of this free work a hospital should try to do, or how the funds are to be provided for it, are questions highly important, and yet often never given adequate consideration by the hospital board. Some hospitals still advertise that \$5,000 will endow a bed in perpetuity. Others are wise enough and honest enough to advertise that \$5,000 will support a free bed for six months, and give the donor the privilege of naming the occupants of the bed during six months of every year. Given sufficient free beds supported by such endowments and the managing of the free bed service is easy. Such conditions are the exception, however, rather than the rule, and other means of raising money for this service have been made necessary.

A few years of experience, with proper accounting, should serve to show approximately the amount of free service the hospital will be called upon to give or should try to give.

The plan adopted by the U. B. A. Hospital in Grand Rapids, of placing the responsibility for disbursing the free bed funds in the hands of a special committee or guild seems especially good. By keeping the funds for free bed service in a separate account, handled by a special committee, it is easy to ascertain whether the hospital

has anything with which to provide free service, and it is easier to impress the board and the public with the necessity of securing money for that special fund when it is needed. The superintendent sends the bills for free service to the treasurer of the Free Bed Guild, who sends a check to the hospital in payment for the free service, just as other bills are paid. A card index system for all patients paid for from the Guild treasury is kept by the Guild, showing the name, address, diagnosis, days in hospital, result, physician, and also a report of condition after leaving the hospital. The Guild has, therefore, a very definite work to do. It knows how many patients the hospital has depending on it to pay for at a given time, and can make a very definite appeal for additional funds when needed.



Notes and News

The completion and formal opening of the new Robert Brigham Hospital for chronic patients, on Parker Hill Avenue, Boston, is of more than passing significance in that it adds one more to the all-too-few institutions in America designed for the care of chronic patients. Robert Brigham and his sister, Elizabeth Fay Brigham, the donors, are nephew and niece of Peter Bent Brigham.

According to the donors, the hospital is "for the care and support and treatment of those citizens of Boston who are without the necessary means of support and incapable of obtaining a livelihood by reason of incurable disease or permanent disability." These are the wishes of the donors.

The hospital, which includes the administration building, two ward buildings, a garage, a power house, a morgue, a chapel and a service building, with the seven acres of land on which they stand, cost about \$750,000. Over 150 permanent patients will be accommodated.

The people of Fairmont, W. Va., organized in April for a seven-day campaign to raise \$65,000 with which to purchase Cook Hospital. The purpose was to purchase from a stock corporation their property costing \$120,000. It was offered at this low rate and many stockholders subscribed their entire stock. On the closing night of the campaign the amount secured was \$65,800. There are nearly three thousand pledges. Mr. W. A. Bowen, of Waterville, Me., was the campaign leader.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Home Nursing Associations

To the Editor of The Trained Nurse:

In the April, 1914, number I read an article entitled "The Non-Professional Nurse." The writer remarked that her "experience has been that in a very short space of time both the practical woman and especially the trained attendant took the place of the graduate nurse in profession and salary." I know from personal experience that some of the above-mentioned women will try to and do charge the salary of the graduate nurse. Also, my experience with both kinds of workers has proven to me that they never can take the place of the graduate nurse in the profession, any more than we graduate nurses can take the place of the physician or surgeon. Oftentimes physicians and patients will say: "I would rather have a good graduate nurse than a poor physician." Such remarks do not place us (graduates) in the position of the medical men or women. We are glad to receive the compliment, but the best graduate nurses never trespass upon the territory of the physician, *neither* does the conscientious practical or household nurse upon that of the graduate nurse. It is very discouraging to the graduate nurse, after three years' hard mental and physical training, to feel that some one else who is not a graduate, is, according to dollars and cents, just as much appreciated. We graduates know it is not too long to study nursing in a training school, two, two and a half or three years. It is my experience that where practical nurses have received \$20, \$25 and \$30 per week, it has either been a case that a graduate would not consider at any price, or that other duties were combined with the nursing. The writer of the article, "The Non-Professional Nurse," expresses her feelings regarding the safety of the public and the physicians, by conducting special registries for the practical nurse. I heartily endorse her remarks and want to inform nurses in training and those who have graduated, that the home nursing associations are for the protection of the public, the physician and the graduate nurses, and also to provide the public of moderate means and needs with efficient nurs-

ing, by associating the graduate with the household nurse. That is, the household nurse is supervised in her household duties and nursing by a graduate. The Association, not the household nurse, informs the patient or physician what salary is to be paid for the service rendered by the individual household nurse, thus protecting the public from being over-charged. As long as the household nurse receives instructions in nursing and household duties in the homes of patients and not in departments in hospitals, there will not be that danger of the household nurse making the mistake of calling herself a "trained nurse," for if she were questioned regarding where she received her training she could not mention any hospital. I have had such experience this past winter, namely: Applicants would tell me they "were trained" in such a hospital. They would speak as if they were graduates, when they had only received a few months' experience in wards and clinics or outdoor patients' departments.

Through your pages I wish personally to thank the writer for her article on "The Non-Professional Nurse."

AGNES D. CARSON, R.N.

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Fannie Wilde McEvoy

To the Editor of The Trained Nurse:

Nurses who have contributed to the support of Mrs. McEvoy, the aged nurse who was a member of the first class of nurses formed after Florence Nightingale's return from the Crimean War, will sympathize with her in her recent bereavement in the loss of her husband. Since the spring of 1913 both of them have been cared for in a home for the aged in Detroit, the old man being admitted as a special privilege to the home designed for aged women. Though both of them had grown much more frail in the past year, the old man's decline had been more rapid than hers. Feeble though she is, she had cared for him with a devotion that was beautiful, saw that his clothing was always neatly brushed and his general comfort in little details was her first consideration. When his mind became so enfeebled that he had to be taken to a home for incurables, the poor old soul seemed utterly dazed at conditions. His last ill-

ness lasted only about a month, his death occurring April 22. I went with her to the cemetery the day his remains were laid away. Though she had no relative to be with her in her sorrow, there were probably twenty neighbors from the little church they used to attend, gathered at the service in the Home. Mrs. McEvoy will remain for the present, at least, in the home for the aged. There are sufficient funds on hand for some months to come to pay for her board and care. She will be eighty-five years of age June 1, and since she is so frail and the prospects of her stay with us are so uncertain, I will ask her friends to send no more contributions for the present. If her stay with us extends longer than now seems probable, I know that those who have contributed will again respond to her needs when they are explained. In the meantime they can rest assured that all that can be done to make her last days comfortable will be done.

CHARLOTTE A. AIKENS.



The Personal Conduct of a Nurse

To the Editor of The Trained Nurse:

A few remarks in regard to discretion in nurses may not be amiss in these days when one meets both the graduate and the pupil nurse in all public places. I have in mind the chatter of several young women whom I learned were pupil nurses, from remarks made within the hearing of a large number of people, on board one of the municipal ferryboats. One discussed Dr. — and what he said and did, not to the edification of her hearers, by any means. Another mentioned the name of the hospital and what a certain patient said, while a third one spoke flippantly of a "case" under her care, and no one within hearing could long remain in doubt that those young women were pupil nurses from a well-known training school. I am sure their offense lay in thoughtlessness and the desire to pose as nurses rather than deliberate wrong-doing. I am equally sure they never realized how much criticism the school they represented would suffer, or that many of those who heard their idle chatter would gain a wrong impression of nurses and hospitals in general, and that training school in particular. Nurses from all schools, at all times, like to talk over their work with one another, and no harm results therefrom, if such talk be done in the privacy of a nurse's room. We should be proud to be of the rank and file of trained nurses, but too proud to cheapen our profession by thrusting private affairs into public view. Most people shrink from sickness and hospitals and should not be

forced to listen to the discussion of disagreeable subjects in a place where they have equal rights with those who are giving offense. If nurses would cultivate a better school spirit and consider how much the good or ill conduct of a nurse reflects upon her training school, they would carry themselves with much more dignity than we sometimes meet with. When a graduate of any particular college or other institution for the higher education of women departs from the straight and narrow path, one never hears the query: "From what college did she graduate?" Not so with the trained nurse; let her fall short in the least degree and quickly comes the oft-repeated question: "From what training school did she graduate?" and from none more quickly than from those of her own calling—which goes to prove that the world expects much more, in the way of morals and deportment, from the trained nurse than from graduates of other institutions of learning for women, and justly so, too, for what other work is so important as that of caring for the sick? Much is taught the pupil nurse, during her three years of training, regarding her personal conduct, yet much remains to be desired. Nurses all over the country are asking for laws to protect both the public and the nursing profession, and to help to elevate the standards of nursing, but each nurse can do her share to win respect for nurses in general and must be a law unto herself where self-respect, school spirit and high ideals are concerned.

Nowadays the superintendent of every well-recognized training school aims to select the best possible class of women as pupil nurses for her school. She realizes only too well how almost impossible is the task of correcting in three years undesirable habits formed during the years stretching from childhood to the required age for entering training school, which is from the eighteenth to the thirtieth year. She may suppress or train out certain traits of character, but the earnest cooperation of the nurse must go with the training to make the effort a success.

Nurses need some time for relaxation and the putting away of serious things, in order that they may come back to their work refreshed and with hearty spirits, but at no time should they so far forget themselves as to call down criticism upon their school and profession by ill conduct. I would ask the nurses who have been so thoughtless in the past to refrain from discussing in public, doctors, hospitals and patients, and thus lessen the distrust and win the respect of that same public for the nursing profession.

MARY ADELAIDE O'NEILL, R.N.

State Hospital Club House

To the Editor of The Trained Nurse:

The article on "Hospital Environment" that appeared in the February number of *THE TRAINED NURSE* proved to be very interesting, as it deals with a problem that is as yet unsolved. Still, it would seem that the procedure described would be very hard to carry out at this early stage of social betterment for institution employees. The writer has apparently not found the Club Room of any special value in solving the problem. Perhaps the readers of *THE TRAINED NURSE* will be glad to hear of what is being done at the new Club House for employees at the Norwich State Hospital. The superintendent felt that a club house would be of advantage to the hospital and employees. In his annual report of 1911 to the board of trustees he recommended that they ask for an appropriation for this purpose. The trustees decided that a bill be drafted and introduced during the following session of the General Assembly. This bill was passed by both houses of the General Assembly and approved by His Excellency the Governor. The Club House was started at once, and the employees of the hospital held a mass meeting and adopted by-laws and house rules. The Club House was formally opened November 26, 1913. The lower floor of the Club House is devoted to bowling alleys and a pool room. There is also a small store, where sandwiches, soft drinks and other articles may be purchased. On the second floor there is a gymnasium, card room, reading room and a room for the exclusive use of the women employees. In the latter room are a large cutting table, a sewing machine and an electric iron. Any time during the afternoon many of the women will be found in this room busily engaged sewing and pressing. Overlooking the gymnasium there is a balcony where the shower baths and lockers are situated. Two nights a week are given over to gymnasium class work under the direction of a paid instructor. The board of directors, composed of seven employees of the hospital, plan an entertainment

twice a month in the form of card parties, dances and bowling or pool matches. All the employees seem to enjoy the privileges of the Club and all meet there on an equal basis. Now there are many who will ask: "What of the relations of the members of the staff and the ward employees?" Up to the present time there has been no trouble or misunderstanding on that score. Each side seems to maintain the dignity of its individual position, and the friendly relations at the Club do not seem to have had any ill effect upon the professional side. Every evening the bowling alleys and pool tables are in constant use, while in the card and game room can be found the members who prefer the more quiet diversions. One of the objects of the Club when it was started was to make it self-supporting. At the present time it seems to be accomplishing this object. The active members, who are male employees, pay monthly dues of twenty-five cents. The women are associate members and pay no dues, but enjoy all the privileges of the Club. The income averages from sixty to seventy dollars per month. The institution pays the salary of the custodian and furnishes heat, light and water. The superintendent of the hospital has made it a Club for employees in government as well as for their use. It is under the control of a board of seven directors, three from the outside departments and four ward employees. There is no doubt but what it is a great success and is thoroughly appreciated by the employees. Great credit is due to our progressive superintendent, and it is to be hoped that others may follow his methods of social betterment for hospital employees.

AN EMPLOYEE.



Nursing in Doctors' Families

To the Editor of The Trained Nurse:

In our Alumnae Association we are having under consideration the question of what would be the proper charges when nursing in doctors' families. Would like to know what other nurses and associations are doing.

E. J.

Queen Eleanor's Visit

Latest reports are to the effect that Queen Eleanor of Bulgaria has decided to defer her visit to the United States. She was to have sailed for this country late in May.

Wesley Hospital, Chicago, is rejoicing in a million dollar addition to the endowment fund of the hospital, for the support of patients unable to pay for care. The gift was made by Mr. James Deering just previous to his sailing for Europe in April.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

School for Bulgarian Nurses

It is announced that Helen Scott Hay, formerly superintendent of the Illinois Training School for Nurses at Chicago, has been selected to establish a system of nurse training at Sofia, Bulgaria. The appointment was made through the Red Cross.



War Nurses

Nurses from all parts of the country have offered their services in case of continued war with Mexico. The Red Cross has issued statements to the effect that no nurses will be accepted excepting those eligible under the Red Cross requirements.



Spanish-American War Nurses

While Congress was debating what measures to take in order to compel the Mexicans to render proper respect to our flag, and to all appearances another war seemed imminent, the Spanish-American War Nurses Association, which numbers 415 members, held an executive meeting, to vote on the feasibility of offering their services to their country. Judging from the individual letters, it is evident that the fire of patriotism burns as brightly now in the hearts of the S. A. W. N. as it did sixteen years ago, when President McKinley called for volunteer nurses for the Spanish-American War. As the vote was carried, the following letter was sent to the President:

TO HIS EXCELLENCY WOODROW WILSON,
White House, Washington, D. C.

Sir—We, the members of the Spanish-American War Nurses Association, who served our country nursing the sick and wounded during the war with Spain, place ourselves and our tried experience at your command during the present military operations.

I have the honor to subscribe myself, most respectfully,

Your obedient servant,

MARY J. MCCLLOUD,
Pres. Spanish-American War Nurses.

A similar letter was sent to the Adjutant

General of the Army. In due time the following answers were received:

THE WHITE HOUSE,
WASHINGTON, April 29, 1914.

Dear Miss McCloud—The President asks me to make cordial acknowledgment of your letter of April 27, and to thank you for your patriotic spirit. He is bringing it to the attention of the Secretary of War. Sincerely yours,

J. P. TUMULTY,
Secretary to the President.

WAR DEPARTMENT
OFFICE OF THE SURGEON GENERAL
WASHINGTON, May 1, 1914.

MISS MARY J. MCCLLOUD,
Pres., Spanish-American War Nurses,
U. S. N. Hospital, Newport, R. I.

Dear Madam—I have the honor to acknowledge your letter of April 27, by reference from the office of the President, also a letter addressed to the Adjutant General of the Army, in which the Spanish-American War Nurses tender their service to the country during the present military operations, and inform you that the patriotic motive which inspires this offer is highly appreciated. Under the present conditions it is hoped that the Nurse Corps and Reserve may not need to be supplemented, but should such a necessity arise it is gratifying to know that there are good nurses ready to serve. The country has reason to remember with deep gratitude the quick and sympathetic response of the nurses in time of need during the Spanish-American War, and their readiness to repeat what was to many of them an experience of great hardship renders it doubly grateful. Very respectfully,

CHARLES M. GANDY,
Acting Surgeon General, U. S. Army.

WAR DEPARTMENT
OFFICE OF THE SURGEON GENERAL
WASHINGTON, May 1, 1914.
MISS MARY J. MCCLLOUD,
Pres., Spanish-American War Nurses,
U. S. N. Hospital, Newport, R. I.
My dear Miss McCloud—I am very much

gratified to know that the Spanish-American War Nurses have tendered their services in the event of war, and I cannot help sending you a few words to express it. I believe there are a number of Spanish-American War Nurses already enrolled, and would suggest that they notify the Red Cross that they desire service if needed at this time. Such nurses as are not enrolled and wish to be, might under the circumstances let Miss Delano know that they wish to enroll immediately for active duty. Very cordially yours,

ISABEL McISAAC,
Supt., Army Nurse Corps.



The National Associations

The joint conventions of the American Nurses Association, the National League of Nursing Education and the National Organization for Public Health Nursing, were held in St. Louis, Mo., April 22 to 29 inclusive, with headquarters at the Planters Hotel. The early sessions were devoted to the registration of delegates, meetings of executive boards and the reports of committees. At the first general session Dr. Frederick H. Hall, acting chancellor of Washington University, delivered the address of welcome, which was responded to by Miss Genevieve Cook, president of the American Nurses Association. Other speakers at this session were Miss Clara D. Noyes, of New York City, president of the League for Nursing Education; Miss Edna L. Foley, vice-president of the Public Health Organization, who took the place of the president, Miss Mary Gardner, of Providence, who was detained on account of illness, and Surgeon J. O. Cobb, of the United States Public Health Service. The program of the Red Cross section had to be somewhat changed, owing to the absence of Miss Mabel Boardman, and the recall of Miss Delano to Washington. Other speakers were Miss Helen Scott Hay, Miss Sara M. Murray, Miss Mary E. Gladwin and Miss Fanny Clement. The new style costume of the Red Cross nurses was shown. The uniform is of cotton crepe. It is so light it can be crumpled in one hand. A navy-blue circular cape, lined with bright red material, and a white cap, with the red cross in the center, completes the uniform. Widespread local interest in the work of two sub-committees of the National Organization for Public Health Nursing, on Prevention of Blindness and on Midwives, resulted in a decision to accord a full session of the convention to each of these subjects. The principal

speakers were Miss Caroline C. Van Blarcom, executive secretary of the New York Committee for the Prevention of Blindness, and Dr. Fred J. Taussig, of St. Louis. A mass meeting was held on Sunday to discuss "The Place of Religion in the Life of the Nurse." The speakers were Dr. Charles P. Emerson, dean of the Medical School of Indiana University; Miss Lydia Holman, Miss Alice McClure, Rabbi Samuel Sale, Right Reverend W. S. Ryan and Rev. W. J. Williamson. Letters were read from missionary nurses. Miss Adelaide Nutting, of Teachers College, was unable to attend the convention on account of illness, but her paper was read by Miss Ella Phillips Crandall. Other noted speakers were Dr. George Dock, of Washington University, who spoke on the "Essentials of Professional Education," and Dr. Fred S. Murphy, of the same University, who spoke on "Demand and Supply as Related to Nurses and Nursing." The magnitude of the programs and the space at our command do not allow of our giving more than a passing mention of the prominent features.



Massachusetts

The Springfield Hospital Alumnae Nurses' Association held its first quarterly meeting at the Nurses' Home Wednesday afternoon, March 25, quite a number being present. An instructive and interesting talk was given by Miss Catton along different lines of the nursing profession. Two new members were taken into the Association, and a delegate was appointed to attend the convention of the American Nurses' Association, to be held in St. Louis, Mo., in April. After the meeting, tea was served in the tea-room by Miss Langley.

A very impressive service was held in the old First Church, Springfield, when Miss Alice Tupper was designated to Marsovan, Turkey. Miss Tupper is a distinguished graduate of St. Luke's Hospital, in New York City. Recently she was assistant superintendent of the Wesson Memorial Hospital in Springfield; previously she had been head nurse in the operating room of St. Luke's, New York. At the designation service Rev. Dr. Neil McPherson was assisted by Rev. Brewer Eddy, of Boston, and Rev. Dr. George Reynolds, of Van, Turkey. It was not only interesting but inspiring to have Dr. Reynolds, who has served the American board in Van, Turkey, for forty-five years, offer the dedicatory prayer while Miss Tupper knelt at the altar.

A very interesting group of Massachusetts nurses sailed recently for a trip abroad. The party included Miss Minnie Goodnow, Miss Annette Fiske, Miss Mary I. Skinner, and Miss Estella G. Ferguson. Miss Goodnow will devote most of her time to the study of hospitals.



Rhode Island

An effort has been made to pass an amendment to the Nurse Practice Act, in the interests of the smaller hospitals of the State. At a hearing before the Senate Judiciary Committee April 17, the amendment was strongly opposed by the representatives of the large hospitals and the State Association of Nurses.

The Guild of St. Barnabas for Nurses, Providence Branch, met at St. Stephen's Church on April 2. Dr. Fiske, Rector of the Church and Chaplain of the Branch, gave the address. Dr. Mary Pauline Root, formerly medical missionary to India, gave a talk on "Medical Work in Oriental Lands."

The Rhode Island Hospital Nurses' Club met at the George Ide Chace Home for Nurses on April 7. After the business meeting, Mrs. Ely Eliot was introduced and spoke on "The Trend of the Times—The Far East." She gave an account of conditions, political and social, in Japan, China and India today. After the meeting the members adjourned to the parlors, where a social hour was spent.

The Butler Hospital Training School Alumnae Association of Providence held its regular meeting April 14 at the William H. Potter Home for Nurses. After the business meeting all were invited to the dining room which had been prettily decorated in Easter colors, where delicious refreshments were served, each person carrying away a dainty souvenir.



Connecticut

The Alumnae Association of St. Francis Hospital Training School, Hartford, held its semi-annual meeting in the hall of the new building, Saturday, May 2. The president, Miss Elizabeth F. Riley, presided. There was an attendance of fifty members. Sixteen new members were admitted. Miss Rose T. Moore read a report of the annual whist, which was a decided success, both socially and financially. \$1,012.00 was taken in; the proceeds were devoted to the free bed fund. There was an interesting talk on the sorrows and joys of a visiting nurse by Miss Katherine T.

McCarthy, visiting nurse of Bristol, Conn. Miss Anna Z. Lynn read a paper on her five months' trip abroad. Her impressions were so vivid that we almost felt the rocking of the ship. Special mention was made of the various churches and hospitals of Dublin and London. Refreshments were served in the hall, which was tastefully decorated with the school colors. Music and dancing followed.

The regular monthly meeting of the C. T. S. Alumnae Association was held at the Nurses' Home on May 7 at 2 p.m., with the regular officers and an average attendance; the usual business was attended to. At 3.15 followed the reception to over twenty of the graduating class of "C. T. S.," 1914, in the form of a "tea" which was a social success. After the refreshments were served by the Alumnae Association, music and dancing were enjoyed by all. The next meeting will be the "annual" on June 4, the place to be designated later.



New York

The commencement exercises of the Metropolitan Hospital Training School for Nurses were held at the Metropolitan Training School, Blackwell's Island, Thursday evening, May 21, 1914.

A meeting of the Guild of St. Barnabas for Nurses was held at the Church of the Heavenly Rest, New York City, April 28, 1914, at eight o'clock. Entertainment was given by Amateur Concert Club.

The Home for Nurses of the Homeopathic Hospital, Syracuse, has been completed and formally opened with a reception. The Home was made possible through the efforts of the Hospital Guild.



New Jersey

The New Jersey State Board of Examiners of Nurses will hold the first examinations for the registration of graduate nurses at the State House, Trenton, on June 16, 17, 18, 1914. Applications must be filed fifteen days prior to June 16, 1914. Information and application blanks can be procured from the secretary-treasurer, Jennie M. Shaw, R.N., 487 Orange Street, Newark, N. J.

The twelfth annual meeting of the New Jersey State Nurses' Association was held at Orange, N. J., in Grace Church Parish House, April 7, 1914. The program included opening prayer by Rev. Charles T. Walkley, rector of the church; an

address of welcome by Mrs. James E. Cheeseman, president of the Woman's Club; a response by Miss Arabella R. Creech, president of the Association; reports of officers, a question box, and an address on "Nursing Eye and Ear Patients," by Miss Eugenia D. Ayres. Miss Arabella R. Creech, of Elizabeth, was reelected president. Other officers elected were: First vice-president, Miss Elizabeth Higbie, of Passaic; second vice-president, Miss Mary J. Stone, of Hackensack; secretary, Mrs. Stephen; treasurer, Miss Mary E. Rockhill, of Camden; trustee, Miss Margaret Wallace, of Passaic. Mrs. Stephen and Miss Rockhill were reelected.



Pennsylvania

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday afternoon, May 7, at three o'clock, the president, Miss Clara B. Steinmetz, presiding. Twenty members were present. Six new members proposed for membership. Miss Frances Taylor and Mrs. Sterling were reported ill. The reception to the graduating class by the Alumnae Association was very well attended, and was in the nature of a grand reunion, for many former graduates were present. A strawberry festival will be given at the hospital on Thursday evening, June 4, followed by a dance.

The commencement exercises of the Philadelphia Lying-In Charity Nurse School were held in the New Century Drawing Room on the evening of May 5. The opening prayer was by Rev. Louis F. Benson, D.D. The Address to Class was by Dr. A. Reginald Allen. Presentation of diplomas by Mr. G. Colesberry Purves, president. Readings by Virginia Jones Lattomus. Musical selections, both vocal and instrumental. Dancing followed the exercises. The graduating class was as follows: Clara Southard Davis, Bertha Fernbach, Mary Anna Blackwood, Julia Ellenor Lee, Jennie Katherine Davis, Sara Ellen Balamy, Anna Alphonso Brennan.

The Philadelphia Club for Graduate Nurses, at a special meeting on March 30, voted to change the name of the club to the Nurses' Club of Philadelphia County. Mrs. Blankenburg, wife of the mayor, spoke to the members of the importance of associations belonging to the Federation of Clubs. At the close of the meeting Mrs. Blankenburg invited the members to accompany her to the City Hall to a meeting in the interest of the babies, at which the mayor presided. One of the most interesting talks of the season was given on

April 7 by Miss Widemire, a nurse just returned from Ancon Hospital, Panama. Miss Widemire spoke of the excellent management of the hospital and the value of the eight-hour duty system. Miss Widemire showed many fine pictures taken by the Government photographer.

A threatened strike of nurses at the Philadelphia Hospital was averted by the prompt action of Director of Public Health Dr. Joseph S. Neff. The trouble arose over the resignation of the Superintendent of Nurses, Miss Nellie May Rennyson. A petition signed by ninety-nine of the pupil nurses was sent to Mayor Blankenburg, who transmitted it to Assistant Director Wilson. The complaints in the nurses' petition for Miss Rennyson's reinstatement included the following charges:

"That the hospital provided only one pupil nurse to twenty-five patients, as against one pupil nurse to four or six patients in modern hospitals. That they did not get regular hours off. That the Nurses' Home was overcrowded and that the equipment was unfit and insanitary; there not being sufficient bathtubs. That the kitchen and dining room were insanitary, and that food served to pupil nurses who were ill in the hospital infirmary was prepared in an insanitary room."

Miss Rennyson's letter of resignation charged that there had been interference in the discipline of the training school, to its moral jeopardy. Director Neff ordered an immediate investigation.

Under auspicious conditions ten nurses were graduated April 22 by the Mercy Hospital, Pittsburgh. The floral decorations were elaborate and the exercises included a number of instrumental and vocal selections. The presentation of diplomas was by Dr. I. J. Moyer, and in his address he gave advice to apply to the future endeavors of the graduates. Rev. J. G. Beane and T. F. Garrahan also addressed the class.

The twenty-fourth annual meeting of the Pittsburgh Training School for Nurses Alumnae Association was held April 17, at the Fort Pitt Hotel. Miss Maude Miller was elected delegate to the annual convention of the American Nurses' Association, to be held in St. Louis April 23 and 30, and these officers were elected for the ensuing year: Miss Edith Berdette, president; Mrs. Ella Harrah, first vice-president; Miss Blanche Mawhinney, second vice-president; Mrs. Charles Metcalf, secretary; Miss Alice Agnew, treasurer. The meeting closed with a dinner, at which the newly elected officers and Miss Miller gave short addresses.

The regular monthly meeting of the Alumnae Association of the Presbyterian Hospital Training School for Nurses was held at the hospital, North Side, Pittsburgh, Monday evening, May 4, at eight o'clock, the president, Miss M. V. Swearinger, presiding. It was announced that the Alumnae Association of the Presbyterian Hospital has been affiliated with the American Nurses' Association. It was also announced that the annual commencement of the graduating class of 1914 would be on Thursday, May 14, at the First Presbyterian Church, N. S. Pittsburgh, Pa. Miss MacIvor, one of the members, who has been ill at the hospital, was reported as improved. After the meeting, dainty refreshments were served by the arrangement committee, and the members departed well pleased with the evening.

The Corry Hospital Training School for Nurses held commencement exercises Wednesday evening, April 15, 1914, at Knights of Pythias Hall, with the following program: Invocation, Rev. C. E. Woodward; Address to Class, Dr. A. L. Smith; Administration of Hippocratic Oath, Dr. C. C. Waggoner; Awarding of Diplomas, Mr. F. A. Loveland, president of the board of directors; presentation of class pins, by Mrs. Mary E. Whittlesey, president of Hospital Aid. There was also music. Graduating class: Wawe Belle McCray, Effie Mabel Swanson, Edith Anna Harper, Alice Sutcliffe, Cornie M. Kaufman, Agnes B. Alexander. Class colors, green and white. Class flower, white carnation. Dancing followed the exercises. The superintendent is Miss Ida R. Falconer.

✠ Illinois

The Chicago Lying-In Hospital desires to announce that the first of its new buildings to be devoted to obstetrics and gynecologic work will be ready for occupancy in October of this year. It will have a capacity of twenty-one beds. The main building will be ready a year and a half afterward, and will have a capacity of 150 beds. The dispensary, out-maternity, cares for 2,000 annually. The Lying-In Hospital prefers not to establish its own training school, but wishes to enter into affiliation with recognized general hospitals. The following courses of obstetric training will be offered in the new hospital: I. For nurses who have completed eighteen months' service in an accredited general hospital, a course of four months, consisting of: (a) Two months in the hospital, of which (b) four weeks is puerperal duty with the mothers and babies; (c) Four weeks is operating room service, day two weeks, night

two weeks; (d) one month varied service, incubator room, isolation pavilion, etc.; (e) one month dispensary service, visiting nursing, social service, etc.

II. For nurses who have served two years in a hospital for insane or a sanitarium, a course of six months, consisting of: (a) one month laboratory work and preparatory training; (b) eight weeks puerperal work; (c) four weeks operating room; (d) one month dispensary service, visiting nursing, social service, etc.; (e) one month varied service, isolation pavilion, incubator room, etc.

III. Post-graduate course, as heretofore.

Nurses in all courses attend lectures and demonstrations, class work, amphitheater clinics, etc., as far as possible. A certificate is issued upon satisfactory completion of the work. The management will be glad to enter into correspondence with schools needing obstetric training for the nurses.

✠ Michigan

The commencement exercises of the twenty-fourth graduating class of the Grace Hospital Training School for Nurses, Detroit, were held at the Westminster Church Thursday evening, May 14. The thirty-three members of the class took the Florence Nightingale Pledge.

✠ Kansas

The Kansas State Board of Examination and Registration of Nurses will hold an examination for the registration of graduate nurses on July 7 and 8, 1914, at the National Hotel, Topeka. Applications must be filed with the secretary of the board at least ten days prior to this date. The Kansas Nurse Registration Law contains a mandatory clause, and all graduate nurses coming into the State, as well as those graduating from Kansas training schools, must file their application for registration before beginning to practise their profession in this State. Mrs. A. O'Keefe, R.N., 1245 North Market Street, Wichita, is secretary-treasurer.

✠ Mississippi

The Mississippi Bill for State Registration of Nurses:

AN ACT
TO REGULATE THE PRACTICE OF PROFESSIONAL NURSING IN THE STATE OF MISSISSIPPI, TO CREATE A BOARD OF NURSES' EXAMINERS, TO REQUIRE THE EXAMINATION AND REGISTRATION OF THOSE DESIRING TO PRACTISE IN THIS STATE AS REGISTERED NURSES, OR LICENSED ATTENDANTS, AND TO PROVIDE FOR THE PUNISHMENT OF OFFENDERS AGAINST THIS ACT.

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Electro-Therapy

The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

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Pupils are taught the use of Electric Light, Dry Hot Air Baths, hydiatic douche-table; we have all facilities for the administration of the various full and medicated baths, half baths, packs, and other hydiatic procedures. Schott exercises are taught in connection with the Nauheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperæmia, and various other apparatus are thoroughly demonstrated and used in practical work on patients.

Theoretical and practical instruction, Lectures, Quizzes, and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Term of course: Four Months. Diploma. Particulars and illustrated prospectus upon request.

Spring Class, opens May 20th, 1914

Summer Class, opens July 6th, 1914

Fall Class, opens Sept. 29th, 1914

INSTRUCTORS:

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Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

B. E. Vincent Lyne, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cothausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp. etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, M. Schmidt } Penn. Orth. Institute.

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MAX J. WALTER, M. D., Superintendent

Be It Enacted by the Legislature of the State of Mississippi:

SECTION 1. That a board to be known as the board of nurses' examiners for Mississippi is hereby created, to consist of five members, who shall be appointed by the Governor, four of whom shall be graduate nurses and one of whom shall be a physician.

SEC. 2. That within thirty days after the passage of this Act, the Graduate Nurses' Association of Mississippi shall, through its executive committee, submit to the Governor a list containing the names of two physicians, who must be regularly licensed and of good standing in their profession, together with the names of eight graduate nurses who shall have practised not less than two years, exclusive of training, and the Governor shall appoint the members of the board from said list.

SEC. 3. That each member of said board shall serve for a term of five years and until his or her successor is appointed and qualified, except in cases of the first board, whose members shall hold office as follows: One member shall be appointed to hold office for one year; one member for two years; one member for three years; one member for four years and one for five years.

SEC. 4. That vacancies occurring in said board by reason of expiration of term of office, resignation, death or otherwise, shall be filled by appointment by the Governor from a list of names of three physicians and eight registered graduate nurses, all with qualifications as hereinbefore provided to be furnished him by the executive committee of said association.

SEC. 5. That the members of said board shall, as soon as organized and annually thereafter, in the month of November, elect from their number a president and a secretary, the latter of whom shall also be the treasurer. Three members of this board shall constitute a quorum. Special meetings of said board shall be called by the secretary-treasurer upon the written request of any two members.

SEC. 6. That said board is authorized to make such by-laws and rules as shall be necessary to govern its proceedings and to carry into effect the purpose of this Act. The secretary-treasurer shall be required to keep a record of all meetings of said board, including a register of names of all nurses duly registered under this Act, which shall at all reasonable times be open to public inspection. Said board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expenses in that behalf.

SEC. 7. That the president and secretary-treasurer shall make a biennial report to the Governor on the first Monday in January immediately preceding the convening of the Legislature, together with the statement of the receipts and disbursements of said board.

SEC. 8. That said board shall adopt a seal which shall include the words, "Nurses Board of Examination and Registration of Mississippi," and the imprint thereof shall be placed on all certificates and warrants issued by it and upon all records sent up on appeal from its decision.

SEC. 9. That it shall be the duty of the secretary-treasurer of said board to file with the Secretary of State at least quarterly, a list of all cer-

tificates of registration issued by said board, with the names and residences of the persons to whom such certificates have been issued.

SEC. 10. That each member of said board, before entering upon the discharge of his or her duties, shall take the oath required by law for public officers and the president and secretary-treasurer shall give a bond in the sum of one thousand dollars conditioned for the faithful performance of his or her duties.

SEC. 11. That it shall be the duty of the said board to meet on the first Monday of January and July of each year. Notice of each meeting shall be given to the public press and in one nurses' journal one month previous to the meeting, but said board may give each other notice, as it may deem advisable. At said meeting it shall be the duty of the board to examine all applicants for registration under this Act.

SEC. 12. That any person desiring to obtain a certificate of registration under this Act shall make application to said board therefor, first paying to the treasurer an examination fee of five dollars, and shall present himself or herself at such regular meeting of said board for examination of applicants.

SEC. 13. That said board being satisfied that said applicant is of the age of eighteen years, of good moral character, has received an education equivalent to a good common school education, has graduated from a training school in connection with a general hospital or sanitarium, with two years of continuous residence training where a systematic course of instruction is given, shall proceed to examine said applicant in both theoretical and practical nursing, anatomy, physiology, bacteriology, materia medica, dietetics and hygiene.

SEC. 14. That upon said applicant passing said examination to the satisfaction of said board, the latter shall cause to be entered the name of the applicant in the register for that purpose. It shall also be caused to issue to said persons a certificate of registration authorizing said person to practise the profession of nursing as a registered nurse. Nurses who are not graduates as herein provided, who have been practising nursing before this Act takes effect, may apply, first paying an examination fee of two dollars and fifty cents to the State board for an examination, and if the board finds therefrom the applicant competent to practise nursing, said board may issue to the said applicant a certificate authorizing him or her to practise as a licensed attendant, but not as a registered nurse. A nurse registered and licensed according to the laws of the State of her residence may practise her profession in this State in special cases without being registered as herein provided. All the provisions of this Act not inconsistent with this section shall apply to licensed attendants.

SEC. 15. That fees received by said board of examiners herein specified from examinations and otherwise, shall be paid to the State treasurer and shall be kept in a fund to be known as the nurses' fund, and shall be subject at all times to the warrant of the State auditor drawn upon written requisition of the treasurer of said board and attested by the secretary-treasurer of said board for the payment of any authorized expense made

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by said board, but in no event shall said board expend a sum in excess of the amount received by the State treasurer from said board. No requisition shall be made by said president and secretary-treasurer until the item or items for which same is drawn shall have been first approved by said board.

SEC. 16. That each member of said board shall receive five dollars for each day or part of day while actually engaged in the performance of the duties of the office, together with traveling and all other legitimate and necessary expenses incurred while so engaged.

SEC. 17. That all printing, postage and other contingent expenses necessarily incurred under the provisions of this Act shall be paid from the said nurses' fund, all subject, however, to the provisions of Section 15 of this act.

SEC. 18. That the headquarters of said board shall be in the State capitol in a room to be assigned for its use by the keeper of said capitol.

SEC. 19. That the meetings of said board for the purpose of examining applicants shall be held in the city of Jackson or in any other convenient place.

SEC. 20. That all persons possessing the qualifications enumerated in Section 13 of this Act, and who are nurses in training at the time of the passage of this Act, and who shall graduate on or before two years in the State of Mississippi, shall be permitted to register without examination upon the payment of the registration fee of five dollars, provided that all applications for registration shall be made before the expiration of said two years.

SEC. 21. That nurses who have graduated prior to the passage of this Act from recognized training schools in Mississippi, and nurses who are now practising in the State of Mississippi who shall show to the satisfaction of the board of examiners that they are graduates of training schools connected with general hospitals or sanitariums giving two years' training, shall be required to register within one year from the passage of this Act. And such nurses, upon payment of the registration fee of five dollars shall be entitled to registration without examination.

SEC. 22. That said board shall be authorized to waive, at its discretion, said examination, and to issue certificates of registration in favor of applicants who shall present to the board certificates of examination from the board of examiners from another State, together with the registration fee of five dollars, provided the standard of requirements from such other State are equivalent to the requirements set forth in this Act.

SEC. 23. That any nurse who has received his or her certificate according to any of the provisions of this Act shall be styled and known as a registered nurse. No other person shall assume such title or use the abbreviation "R.N.," or any letter or figure to indicate that he or she is a registered, trained or graduate nurse.

SEC. 24. That it shall be unlawful for any person to practise professional nursing as a registered nurse in this State within the meaning of this Act, unless such person shall at first have obtained a certificate of registration as provided in this Act. But this Act shall not be construed to apply to the gratuitous nursing of the sick friends or mem-

bers of the family, and also it shall not apply to any person nursing the sick for hire, but who do not in any way assume to be registered graduate nurses.

SEC. 25. That the board of examiners shall have power to revoke any certificate of registration for incompetency, dishonesty, intemperance, immorality, or unprofessional conduct, after a full and fair investigation of the charges preferred against the accused. Thirty days prior to such a hearing a copy of the charges, which charges must be specified in writing and under oath, shall be furnished to the accused, who shall, at the same time, be furnished with written notice of the time and place where such charges will be heard and determined. The place of such hearing may be fixed by said board at any point within the State. At such hearing, all witnesses shall be sworn either by the president or secretary-treasurer, and the accused shall be entitled to be heard and represented by counsel. No revocation shall be made except upon a majority vote of the full board.

Upon the revocation of any certificate, the same shall be null and void. The holder thereof shall cease to be entitled to any of the privileges conferred by such certificate, and it shall be the duty of the secretary-treasurer of the board to strike the name of the holder thereof from the roll of registered nurses and to give notice of such revocation to the Secretary of State.

SEC. 26. That any person violating any of the provisions of this Act or who shall wilfully make any false representations to said board of examiners in applying for a certificate or who shall refuse to surrender a certificate of registration which has been revoked as set out in this Act, or shall use the title of registered nurse, or append the letters "R.N." or any other letters, words or figures to indicate that the person using the name is a registered or graduate nurse, unless such person shall be lawfully entitled so to do, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than \$25 (twenty-five dollars) and not more than \$100 (one hundred dollars) or by imprisonment in the county jail for a period of not less than five days and not more than ninety days, or by both such fine and imprisonment.

SEC. 27. That all laws or parts of laws in conflict herewith be and the same are hereby repealed.

SEC. 28. That this Act shall take effect and be in force from and after its passage.



Texas

The eighth annual convention of the Graduated Nurses' Association of Texas was held at Dallas, April 20, 21 and 22, 1914. The Association convened at 9:30 o'clock Monday morning in the Ladies' Ordinary of the Oriental Hotel, Dr. George W. Truett, pastor of the First Baptist Church, opening the session by asking the invocation. Dr. A. W. Nash, city health officer of Dallas, delivered the address of welcome, Mayor William M. Holland being absent. This address was responded to by the following speakers, speaking



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STIMULATES THE APPETITE
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Skin Afflictions

—sunburn, chafing, prickly heat and the like—are often more satisfactorily relieved by

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than by any other local remedy.

Colorless, non-greasy, water-soluble, absolutely non-staining to skin or clothing, and by all means the most cleanly and agreeable of all local applications, "K-Y" is unequalled as a means of controlling itching, allaying irritation and relieving capillary congestion.

As its soothing properties become known, "K-Y" promptly supersedes all other emollients.

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ROBINSON'S "PATENT" BARLEY

FOR INVALIDS and those recovering from influenza, typhoid fever and other illness. Made into gruel or barley water is a food constantly recommended by Physicians.

ROBINSON'S "Patent" GROATS

for the nursing mother or for young children.

"Patent" Groats made into milk-gruel or porridge, can be taken three or four times a day, is very nourishing and easily digested.

Send for booklet giving directions for making many palatable dishes

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for their delegations and for their cities: Miss M. G. Wood, Houston; Miss E. L. Brient, San Antonio; Mrs. Mary Shafer, Temple; Miss S. J. McIntyre, El Paso; Miss C. L. Shackford, Galveston, and Miss Mae, Beaumont. Owing to the fact that he had an urgent appointment, Dr. Nash delivered his address, "Meningitis," earlier than was scheduled on the program, and immediately after the address of welcome. The roll was then called, after which the annual address of the president, Miss A. Louise Dietrich, was delivered. Reports of other officers followed and then adjournment for luncheon. At the afternoon session the following subjects were discussed: "Special Nurse in Hospital, from Hospital Viewpoint," Miss Kelly, King's Daughters Hospital, Temple. "Special Nurse in Hospital, from Special Nurse's Viewpoint," Miss Allen and Miss Bollinger, San Antonio. "Fields of Work Open to Nurses," Mrs. Englund, Houston. "How We Save Babies," Miss Dudley, Dallas. "Resumé of Registration—Growth—Benefits," Miss Shackford, Galveston. A banquet was tendered the delegates in the evening.

The subjects under consideration at the remaining session of the convention were: "The Work of Local and State Federations of Women's Clubs," Mrs. J. C. Muse. "Ways and Means of Helping the Association," Miss Davis, Temple. "Sex Education," Miss Perkins, Houston. "Nurse's Recreation," Miss Brient, San Antonio; Miss Duffey, San Antonio.

The election of officers resulted as follows: President, Mrs. E. E. Brient, of San Antonio; first vice-president, Miss Helen Holliday, of Dallas; second vice-president, Miss Ethleen Rowe, of Austin. Miss Mae, of Beaumont, was appointed third vice-president, after having tied with Miss Foulkes for the place. Miss Ritta Johnson, of Brenham, was elected secretary-treasurer. Misses Dietrich, of El Paso, and Norma Oldberg, of Dallas, were chosen as the executive council. San Antonio was selected as the next place of meeting, the time to be fixed by the executive council.



Washington

The past year the Washington Graduate Nurses' Association has received the gift of three acres of land on Fox Island. This is a suitable location to erect a nurses' rest home, to be available all the year. The plan is to use tents for this summer. The county, with the residents of Fox Island, has just completed a concrete pier at a short distance from the nurses' property. Fox Island is a half-hour ride by water from

Tacoma. All the regular boats pass and they go out and in among the many islands of Puget Sound.



Personals

Miss Laura R. Logan, for three years superintendent of Hope Hospital, Indianapolis, Ind., has tendered her resignation. She leaves to become superintendent of the Nurses' Training School in the new Cincinnati General Hospital, Ohio.

Miss Margaret Snodgrass, for several years assistant principal of the Nurses' Training School at the Methodist Hospital, Des Moines, Iowa, has resigned and will take a much-needed rest. No successor to Miss Snodgrass has been chosen.

Bessie M. Hendrickson, of New York City, a 1902 graduate of the McKinley Hospital, Trenton, N. J., has taken charge of the Mackay Hospital, Mackay, Idaho.

Miss Martha Briggs, graduate Boston City Hospital, has been appointed head nurse at the Isolation Hospital, Bridgeport, Conn.

Miss Jessie Hill has been appointed supervisor of nurses at the Isolation Hospital, Paterson, N. J.

Miss Ethel Irwin, R.N., Class of '09, Lansing Hospital Training School for Nurses, Lansing, Mich., has accepted a position as visiting nurse with the Associated Charities, and Metropolitan Life Insurance Company, of Battle Creek, Mich.

Miss Susan G. Burkholder, Reading, Pa., a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., has been engaged to take charge of the mechanical department of the Scarlet Oaks Home for Convalescents, Cincinnati, Ohio.

Mrs. M. W. Shriner, Baker, Ore., a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., has been asked to give a course of instruction in the Swedish system of massage to the nurses in training at St. Elizabeth's Hospital, Baker, Ore.

Miss Helen Cudahy, daughter of the well-known millionaire, whose advent into the nursing world was so widely heralded by the newspapers, is now reported as having decided not to continue her course at the Massachusetts General Hospital.

“Coffee Paralysis”

is nothing more nor less than the “occupation paralysis” of scientific nomenclature.

Such cases are sometimes spoken of by the attending physician as “coffee paralysis,” because, on desisting from the habitual use of coffee, the patient generally recovers the use of hand, arm, or foot, as the case may be, and its usefulness is regained.

Many ailments are never traced to their true, yet obscure cause—caffeine, in coffee and tea—by oversight in diagnosis.

Why should any doctor ignore the fact that coffee and tea contain an irritating, poisonous alkaloid which may be, and doubtless is, the cause of a long line of insidious troubles which sooner or later develop into serious, if not uncontrollable disease!

It is interesting to note that many physicians in all parts of the country are discountenancing the use of coffee and tea; and are recommending the safe, wholesome, food-drink,

POSTUM

Made of wheat and a small percent of molasses, Postum is pure, absolutely free from any drug, and is in line to avoid what coffee and tea tend to induce.

Postum now comes in two forms.

Regular Postum—must be well boiled.

Instant Postum—(the new form) is a concentrated, soluble powder. A spoonful dissolved in a cup of hot water, with a little sugar and cream, makes a perfect beverage **instantly**.

“There’s a Reason” for **POSTUM**

The **Clinical Record** for Physicians’ bedside use together with samples of Instant Postum, Grape-Nuts and Post Toasties for personal and clinical examination, will be sent on request to any physician who has not yet received them.

Postum Cereal Co., Ltd., Battle Creek, Mich., U. S. A.

Miss Laura A. Slee, of Washington, D. C., has been selected by the board of trustees of the new Ithaca City Hospital, Ithaca, N. Y., as superintendent.

The new superintendent received her training at Bellevue Hospital, New York. After graduation she took charge of the Syracuse Hospital for Women and Children, where she remained eighteen years. Two years ago she accepted a position as superintendent of the National Homeopathic Hospital, Washington, D. C. She will bring with her as assistant Miss C. A. Palmer, associated with her at Washington.



Marriages

On April 14, 1914, at Brantford, Canada, Maude Robertson, formerly directress of nurses at the State Hospital, Scranton, Pa., to Dr. Lucius C. Kennedy.

On April 9, 1914, at Jamestown, N. Y., by Rev. Dr. Horace G. Ogden, Elly Parkinson to Delroy B. Knowlton.

On April 8, 1914, Edith M. Henneberger, graduate of the Episcopal Hospital, Philadelphia, Pa., to Lewis J. Mutchler. Mr. and Mrs. Mutchler will make their home in Montana.

On April 22, 1914, at Brooklyn, N. Y., Catherine Manigan, formerly head nurse of the Eastern Division Hospital, Brooklyn, to Dr. M. Biffar.

At McCarty, Alaska, Norma Spexarth, of Valdez, to Florence Sullivan, of McCarty. The bride is a graduate of the Wayside Emergency Hospital, of Seattle, Wash., and for the past two years has been engaged in private nursing, and also connected with the Hospital of the Good Samaritan, Valdez, Alaska.

On April 22, 1914, at Hartford, Conn., Elizabeth A. Fitzgerald, Class of 1907, St. Francis Hospital, Hartford, Conn., to Francis J. Buckley. Rev. William Fitzgerald, brother of the bride, officiated. Mr. and Mrs. Buckley will reside in Hartford, Conn.

On April 8, 1914, at Toledo, Ohio, Marie M. Peters, Class of 1908, St. Vincent's Hospital Training School for Nurses, Toledo, Ohio, to Perry Clinton Aurand. Mr. and Mrs. Aurand will reside in Broadhurst, Ga.

Mr. and Mrs. William I. Park announce the marriage of their sister, Mary Virginia Park, to Arthur J. Ratz, on March 30, 1914, at Lutesville, Mo.

On December 30, 1913, in St. Peter's Cathedral, Scranton, Pa., Miss Margaret Murray, a graduate of the training school for nurses of the City Hospital, Wilkes-Barre, Pa., to Dr. Francis P. McGinty.



Births

On May 3, 1914, at Fort Recovery, Ohio, to Mr. and Mrs. V. W. Sonderman, a daughter, Mary Pauline. Prior to her marriage Mrs. Sonderman was Veronica Rucker, graduate of Lima Hospital Nurses Training School, Class of 1910.

On March 8, 1914, at Baltimore, Md., to Dr. and Mrs. S. L. Nicholson, a son. Mrs. Nicholson was Carter Peyton, Class of 1908, St. Luke's Hospital Training School for Nurses, Richmond, Va.

On March 9, 1914, at Fort Wayne, Ind., to Mr. and Mrs. G. Hatch, a son. Mrs. Hatch was Bessie Chapman, Class of 1912, Fort Wayne Lutheran Hospital Training School for Nurses.



Deaths

On April 24, 1914, at Lyons, N. Y., Teresa Helen Mackin. Miss Mackin had been ill since before Christmas, when she underwent an operation for appendicitis at the Geneva (N. Y.) City Hospital. She was a graduate of Dr. Lee's Hospital, Rochester, N. Y., 1909, and since that time had practised private nursing in Lyons. She was very much beloved by those with whom she came in contact, and her loss will be keenly felt.

On April 5, Mrs. Josephine Laird, head nurse at the Deaconess Hospital, Albion, Iowa, of cerebro-meningitis.

At Shenandoah, Pa., Gwennie Loucks, graduate of the Schuylkill Haven Hospital School for Nurses.

On April 14, 1914, at Boston, Mass., Mrs. Charles Shackford (née Bridgman) a graduate of the Hartford Hospital Training School for Nurses. Mrs. Shackford lost her life in a fire.

On April 27, 1914, at Hahnemann Hospital, Rochester, N. Y., Mrs. Milton S. Lum, death resulting from peritonitis. Mrs. Lum was a graduate of the Homeopathic Hospital, Rochester, N. Y.

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In ANY form of DEVITALIZATION
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Pepto-Mangan (Gude)

Especially useful in

ANEMIA of All Varieties:

CHLOROSIS: AMENORRHEA:

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As a GENERAL SYSTEMIC TONIC

After LA GRIPPE, TYPHOID, Etc.

DOSE: One tablespoonful after each meal.
Children in proportion.

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Our Bacteriological Wall Chart or our Differential Diagnosis Chart will be sent to any Physician upon request.

Fever Convalescents Need

Just such a combination tonic and refrigerant as is formed
by a teaspoonful of

Horsford's Acid Phosphate

in a glass of cold water. It makes a refreshing and
palatable drink that is strengthening as well as antipyretic.

Horsford's Acid Phosphate is more valuable than Dilute
Phosphoric Acid or any other acidulous drink. It
combines in perfect solution—easily assimilable—the
Phosphates of Calcium, Sodium, Magnesium, Potassium
and Iron.

It is recommended especially for promoting digestion,
strengthening the nervous system and in all wasting
diseases.

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Book Reviews

A Short Practice of Midwifery for Nurses. By Henry Jellett, B.A., M.D. (Dublin University), F.R.C.P.I. Fourth edition, revised, with six plates and 169 illustrations in the text, also an Appendix, a Glossary of Medical Terms and the Regulations of the Central Midwives' Board. Price, \$2.50 net.

This book embodies the treatment adopted in the Rotunda Hospital, Dublin, a hospital known all over the world for its maternity work. In the present edition a number of new illustrations have been added, and many of the original illustrations have been re-drawn. A chapter has been added on "Obstructed Delivery," and in it the different causes of obstruction during labor are described. The book should be of great interest to nurses at the present time, when the subject of midwifery is receiving so much public attention.



Ten Sex Talks to Girls, Fourteen Years and Older.

By I. D. Steinhardt, M.D., and Introduction by Rachele S. Yarros, M.D. Illustrated, 193 pages, 12mo. Cloth, \$1.00 net.

This book is based upon a series of lectures or talks to girls, at the Hebrew Educational Society of Brooklyn, the Florence Memorial Aid Society and other associations. In her introduction Dr. Yarros states:

"In heartily recommending this book to young people for its sincerity, simplicity, directness, as well as its scientific accuracy, I take the opportunity afforded me by the publishers to present a short statement of my reasons why girls should be deeply interested in these talks on sex hygiene. No one who stops to think will fail to see that it is radically wrong to remain ignorant on matters that concern us vitally and involve our physical and moral development. The idea that ignorance is essential to innocence is happily being exploded, and we physicians are in a better position than the laity to speak of the wreckage and disaster that result from ignorance and neglect of proper instruction on sex hygiene."



Rochester and the Mayo Clinic. By G. Wiley Broome, M.D. 12mo, 160 pages, 3 illustrations, bound in cloth. Price \$1.10.

A general marveling is noted among doctors everywhere as to how the Rochester colleagues

became celebrated in the midst of crude and simple beginnings, and many theories have been advanced in explanation thereof. They started in their career with Emerson's motto posted before them: "Have something the world wants . . . and even tho you dwell in the woods, it will wear a beaten path to your door." Whether for having something the world wants, or because of other reasons, it is true that perhaps twenty thousand afflicted people find their way over this beaten path yearly to the home of these famous doctors.

The history has been written with the hope of giving doctors inclined to pessimism an idea of how others have made it possible to have something the world wants.



Teaching Sex Hygiene in the Public Schools. By Dr. E. B. Lowry. Price 50 cents.

In this book by a noted writer on sex hygiene, the relation of the home and the school to the subject is discussed and methods suggested for proper instruction. A very helpful book for parents, teachers and all interested in child welfare. *The Journal of Education*, Boston, says: "Dr. Lowry's books combine medical knowledge, simplicity and purity in an unprecedented way. The volumes are written with scientific accuracy and clearness. Every teacher should have a set."



Clinical Studies with Nervous and Mental Patients.

By Lucy C. Catlin, R.N. Price 50 cents.

This valuable little book is based upon a series of articles which appeared in *THE TRAINED NURSE AND HOSPITAL REVIEW* some months ago. The demand for the articles was such that it was decided to publish them in book form.

Dr. J. W. Courtney, of Boston, stated recently in addressing a class of nurses: "The majority of you may have no intention of confining your administrations to sufferers from nervous disorders, but I assure you with emphasis that the nervous system influences profoundly the course of every disease at every period of life, from infancy to old age."

This little book furnishes the general information which every nurse should have at her command for her everyday work in private practice, in order to intelligently handle nervous conditions,

Happy Babies

A clear, smooth, healthy skin goes far toward making and keeping baby happy.

Mothers and trained nurses all over the world know by experience that the best protection and relief for the baby's tender skin is Mennen's Borated Talcum Toilet Powder.

Hundreds of letters have been received from trained nurses describing the splendid results they have secured by the use of Mennen's. Here are extracts from some of them:

"I have always recommended and used Mennen's on account of its medicated and antiseptic qualities."

"I am a trained nurse of 8 years' experience: I have always used Mennen's for babies."



"For hives there is no better or quicker relief than a cool bath and Mennen's."

"Its best use for me is for my eczema babies; I shall sing its praises and advocate its use as long as I am in the profession."

"I have always preferred Mennen's Borated Talcum Toilet Powder to all others for all purposes in the care of babies."

The superiority of Mennen's is due to the fact that it is borated — hence it soothes, cleanses and heals, and is antiseptic as well. Mennen's is the original borated powder. It was originally prepared expressly to soothe and comfort babies. It has been in use for 30 years and is today the best known, most used baby powder made.

For sale everywhere, 25 cents, or by mail, postpaid. Sample postpaid for 4 cents. State whether you wish the Violet Scented, or the Borated. Address Gerhard Mennen Company, Newark, N. J.

Mennen's

Borated Talcum

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New Remedies and Appliances

Pennsylvania Orthopedic Institute

To the never resting efforts of a conscientious nurse who is at a loss as to where she could achieve a more comprehensive knowledge of advanced therapeutics, the following suggestion may be found helpful to her. The Pennsylvania Orthopedic Institute and School of Mechano-Therapy, 1709-1711 Green Street, Philadelphia, Pa., offers such a course of instruction, perfected by years of active teaching, which cannot be equaled by any other school in this line. The Institute is equipped with the latest apparatus for hydro- and electro-therapy; the original Swedish (Ling) system of massage, vibratory massage, electric light baths, thermo- and pneumo-therapy and all modern mechanical apparatus are used in the treatment of diseases. Our courses are known all over the United States and Canada; we are therefore constantly requested by hospitals and sanatoria to provide them with our graduates.

Classes open May 20, July 6 and September 29, 1914. All information and a sample copy of the *Philadelphia Journal of Physiological Therapeutics* will be forwarded to you upon request.

MAX J. WALTER, M.D., Supt.



Foot Comfort for Nurses

If nurses who suffer from aching, swollen, perspiring feet will shake into the stockings, when dressing, enough Comfort Powder to form a nice coating and dust it liberally over each foot, rubbing it in well, with the palm of the hand, they will experience perfect foot comfort during the day.

Comfort Powder is a scientifically medicated powder, a quick absorbent, bland in application, and perfectly harmless to the most delicate skin. Thus it absorbs excessive perspiration, keeping the feet and stockings perfectly dry. Its antiseptic qualities completely destroy odors and promote skin health. The aching, smarting, burning sensation from tender feet is always uncomfortable, and often almost unendurable. Comfort Powder brings relief that is quick and sure.

Mae Meyers, a trained nurse of Lock Haven, Pa., says:

"Comfort Powder excels all others for swollen, perspiring feet. There is nothing like it."

Be sure you get the genuine, with the signature of E. S. Sykes on the box.

La Mode Uniforms

With the coming of summer and the severe hot weather the nurse appreciates that, to carry on her work efficiently, she must look to her physical comfort.

Correct white summer uniforms of light-weight materials are not only cool in appearance, but are also cool for wear.

We have a splendid little booklet illustrating different styles of correct white summer uniforms, made up in several styles and materials.

These uniforms are chic, cool and comfortable and in finish and workmanship will stand the most exacting scrutiny—even to the finish of the buttonhole.

For more than twenty-five years we have been making La Mode Nurses' Uniforms, and from that time they have been perfect-in-fit-and-style Nurses' Uniforms.

Be sure to send for this little summer folder. It costs but a post-card request. Just address it to Hays & Green, 32 West 17th Street, New York.



"The Ideal Laxative"

The ideal laxative or purgative is one that will produce as near physiological evacuation of the bowels as is possible without exciting excessive peristalsis. Such a laxative will accomplish its results in a natural manner without upsetting the digestive functions, causing griping or pain, or inducing reactionary constipation. That the medical profession has in Prunoids a laxative that presents these qualifications to a superlative degree is evident to the thousands of physicians who are using it day in and day out. They have found that Prunoids can be relied upon to stimulate normal secretion, increase the fluid content of the feces when deficient, and thereby bring about free and thorough elimination without irritation of the intestinal mucosa.



Wampole Athletic Association

The Henry K. Wampole & Co., Inc., Athletic Association celebrated its second annual opening on the Association's grounds on Saturday, May 2. Music, refreshments, a lively baseball game and several field events, in some of which the female members participated, were all highly enjoyable features of the day's entertainment.

This AZNOE UNIFORM



illustrates how your uniform will appear on you when Aznoe has designed it—the same harmony, snappy style and built-in quality expressing your personality.

WHITE \$3.00, STRIPED \$2.50 AND UP. MADE-TO-ORDER ANY STYLE DESIRED. A BIG DOLLAR'S WORTH FOR EVERY DOLLAR.

Every Aznoe uniform is especially designed for the Nurse who is to wear it. You will like your Aznoe uniform. You will be pleased with the values. Be sure to write for your **FREE** samples and new measurement blanks to-day; glad to send them to you.

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Good Paying POSITIONS



SEND for your free booklet. It will actually tell you how we will assist you to an excellent and good paying position.

We have accomplished this for others. We can do the same for you. If you are interested in institutional work, and desire a good paying position, you should send for your free booklet; it clearly defines the object of Aznoe's Registry; you should have yours. Do not put it off, send for it **NOW**.

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Largest Nurses Registry in America

6 OZ. SPRINKLER TOP



One of above special bottles of
Glyco-Thymoline will be sent

FREE

Express Prepaid

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this magazine
KRESS & OWEN COMPANY
361-363 Pearl St., New York

The members of the firm and the officers of the Association deserve high credit for their activities in fostering athletic pursuits and a social getting-together among the employees.



Sulpho-Naphthol

A great majority of those who use Sulpho-Naphthol have a very limited knowledge of its real usefulness. They depend upon it for two or three uses and forget about the others. This is because they do not realize that it is at once an antiseptic, healer, cleaner and disinfectant, and has, therefore, a hundred uses, for each one of which it is to be highly prized. Such users miss a large part of Sulpho-Naphthol's value.

The Sulpho-Naphthol Company have issued a little booklet which enumerates some of the more important uses with careful directions for its use. They will be glad to send a copy to anyone who will write them. A careful reading of the book will multiply the value of Sulpho-Naphthol in any home. Those wishing the booklet should write to the Sulpho-Naphthol Company, 14 Medford Street, Boston, Mass.



Untangling One of the Nurse's Problems

One of the most serious problems that confronts a trained nurse, especially in cases of protracted fevers, or long, drawn out illnesses that involve great weakness, is to keep her patient's hair well groomed, glossy and comfortable, without upsetting her physically or at least making her extremely irritable.

The hair so easily becomes snarled and matted, and where ordinary brushes and combs are used much of it is dragged out and the scalp made painfully sore before the most superficial smoothing out process can be accomplished. And the length of time it takes to patiently remove each tangle exhausts both patient and nurse.

The Hughes Ideal Brush, the brush that literally combs the hair, is a real boon to both nurse and patient.

Made from the finest India bristles, famed for their elasticity, set in Para rubber, it not only passes through the longest, thickest hair with ease, but has a gentle, stimulating effect on the scalp, a sensation that proves quieting and soothing to the patient as well as beneficial to the hair.

Prominent nurses and hair culturists have been using and recommending the Hughes Ideal Brush for twenty-five years.

It will untangle one of your nursing problems, easily and efficiently.

Synol Soap

About fourteen years ago various leaders in the profession requested Johnson & Johnson to establish a formula for an antiseptic soap. These doctors were daily handling all sorts of infections, and required a cleanser not only for themselves, but for their instruments and for their patients. The result was Synol Soap, which destroys infection, removes dirt and is a perfect toilette soap.

Personal recommendation from the profession has built up a good business in Synol Soap, otherwise but little advertised.

This soap has been found to be good in the toilette, in the bath, for shampoo, for the complexion; used to remove grime, dirt, germs; to cleanse old sores; for chapped hands; anywhere and everywhere that soap can be used.

While Synol is a soap usable just as any other soap, it has remarkable germ-killing powers. Surgeons and nurses use Synol on their own persons, as well as on their patients, and keep a clear, smooth skin.

Synol is a safe and sane substitute for the highly irritating and poisonous solutions, including carbolic acid and corrosive sublimate.

Johnson & Johnson is launching a large publicity campaign for Synol Soap.



"Dix-Make" Uniforms

More and more nurses are now buying the celebrated "Dix-Make" uniforms, which, though ready for wear, are better made and are better looking than many uniforms made to order. The leading store in nearly every city can supply "Dix-Make" uniforms, and the manufacturers will gladly mail full information and illustrations to all nurses who write to them.

"Dix-Make" uniforms have a national reputation, being sold and worn from coast to coast, and those who know their merit recommend them to other nurses, because of the complete satisfaction which they give.



Summer Course

The summer course at the School of Medical Gymnastics and Massage is conducted this year by Mrs. Aagaard, who at present has charge of the physical culture department of the school.

Dr. Friis-Holm herself is planning a trip to Nauheim to study the Scott treatment for heart disease at its original home. The doctor also expects to study the Frenkel treatment of locomotor ataxia in Berlin.

Table of Contents

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	PAGE
EDUCATION AND A SLIDING SCALE.....	<i>Annette Fiske, A.M., R.N.</i> 1
LEGAL PHASES OF HOSPITAL ADMINISTRATION.....	<i>Amy A. Armour</i> 5
NURSING THE MEXICAN REFUGEES AND WAR VICTIMS.....	<i>Felix J. Koch</i> 10
THE NURSING OF TETANUS	<i>Helma Oseen, R.N.</i> 14
NURSING IN DISEASES OF THE HEART.....	<i>Minnie G. Morse</i> 19
THE NURSING OF CHILDREN	<i>Minnie Goodnow, R.N., and Zula Pasley, R.N.</i> 12
PHYSICAL TRAINING FOR NURSES.....	<i>Leonhard Felix Fuld</i> 23
CATERING TO CONVALESCENTS.....	<i>Author of "Preston Papers"</i> 25
DEPARTMENT OF PUBLIC WELFARE.....	28
GLEANINGS.....	31
EDITORIALLY SPEAKING.....	33
THE HOSPITAL REVIEW.....	37
THE EDITOR'S LETTER-BOX.....	42
IN THE NURSING WORLD.....	45
BOOK REVIEWS.....	58
NEW REMEDIES AND APPLIANCES.....	60
PUBLISHER'S DESK.....	64

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No. 1

Education and a Sliding Scale

ANNETTE FISKE, A.M., R.N.

THE nursing profession has sometimes been denominated a trades union because of the fixed price charged for the services of the nurse in private practice. Complaint has been made that the nurse will not lower her price in the case of patients who cannot afford to pay full rates, whether justly or unjustly, need not be considered here. But the suggestion has never come from any one outside of the profession that a higher price should at times be asked. Now and again the suggestion does come, however, from nurses that there should be a sliding scale of prices and that it should be permissible to charge more on some cases than on others. Recently an article appeared on this subject, in a contemporary nursing journal, in which the limitations of the earning power of the nurse were set forth as being largely the cause why better educated women did not take up nursing. It was suggested that the time might come when a college education would be required for entrance to a training school, but that as yet the expense of preparation thereby entailed was too great for the future earning power to compensate. Miss Sherman, author of the article, says that the only question she is dealing with is whether or not the removal of the fixed standard rates of payment would make nursing more attractive to

women of higher education. She utterly ignores the very vital question of the *possibility* of such a removal of the fixed standard rates of payment. Nevertheless, she brings up a number of points that are worth considering.

As Miss Sherman says, it is not "mercenary" to consider whether an occupation will bring a reasonable financial return for the time and money one has to invest in preparing for it. Every one with a living to earn for himself and, perhaps, for others, must consider the financial side of his calling. Nevertheless, money is not the one consideration in choosing a profession, or it should not be. It may unfortunately be to a great extent true that "everything is honored or valued or appreciated exactly according to its money worth in open market" nowadays, but how is the world ever to become less devoted to money and its low ideals unless there are those who stand firm for higher things? Should not women, particularly women of education, be glad to undertake a work with such great opportunities for self-development and for doing good as nursing is, even if the financial return is not quite so great as in some other occupations, provided it is reasonably good? And when one considers that living expenses are paid while the nurse is busy, the income does not compare

unfavorably with that of many teachers, librarians and the like, who have all their living expenses to pay while working and during their college course as well. In fact, it is about the same as it should be where the one set of women spend three years, the other four, in preparation for their calling. When it comes, however, to a college course plus three years of training, or seven years of preparation, greater opportunities for financial success must be available unless something besides money is to be an incentive to choosing nursing as a calling.

Mercenary as the age undoubtedly is, love for one's work still compensates for a poorer money return, and a large income seldom makes up for distastefulness of work. In choosing one's profession one has to consider financial returns to a reasonable extent, sufficiently to be sure of a roof over one's head and food to eat, with the possibility of laying by something for the rainy day, but luxuries are not necessities, and those who prefer them to congenial work will not be greatly missed from any profession. As for the hours of the librarian and teacher that are so much extolled and the long vacations that are held up as advantages, the successful private nurse can take her vacation pretty much when she pleases, while the poor nurse complains only of too long holidays.

Let us, however, admit for the moment that it is "useless to array ourselves against" the fact that everything is valued wholly by its worth in money and that women of higher education cannot be expected to enter nursing without the prospect of higher financial returns than are at present available. Is it not the part of wisdom in that case to consider the possibility of greater financial returns and make sure that such returns are possible and the chance of getting more highly educated women a good one, before closing the doors of the training schools to those who are willing to come and who have in the past very largely proved efficient? Is it not the height of folly to raise the educa-

tional requirements, regardless of consequences and then, when the supply of applicants is inconveniently small, wonder if perhaps in some way the financial returns may be made greater and more women of greater education induced to become nurses? Yet it is along just such illogical lines that the so-called advance in nurse education has been carried on of late years. If, as one is constantly told, the average annual income of the nurse is \$600, or even less, it would seem that what was needed was not a power to charge a higher wage, but more constant employment, for an income of \$600 a year means that the nurse has been busy less than half the time. This would suggest that the good nurse does have the chance to earn more than the average, also that the average graduate nurse is somehow deficient in her preparation for private nursing, as she would otherwise be busy a greater proportion of the time. Or is the field of private nursing so overstocked as to make it impossible for wholly satisfactory nurses to be able to get employment more than half the year?

The wish for greater financial returns is father to the idea of the sliding scale, if I may so express myself, and the pleas brought forward in its behalf are founded on theory, more particularly on the theory that nursing is a parallel profession to medicine, requires a similar preparation and deserves an equal opportunity of financial reward. Miss Sherman says: "We are fond of comparing our professional training with that of doctors"—alas, it is too true—and goes on to set forth the large investment in time and money for education on the part of the doctor, and the proportionate money return to which he looks forward in the future. She then asks whether a nurse has a similar experience, says she reaches her highest earning capacity the first year, and inquires what way she has, what way recognized in the business world, of proving to herself and to others that her work is better at the end of ten years than it was at the beginning. If

being busy practically all the time at the highest available rate of payment is not sufficient proof to herself and to the world that her worth has been recognized through the ten years of her career, what can prove it? As for her work being better at the end of ten years—is it? Even if it is, even if she keeps abreast of the times by study and conscientious work, does nursing allow of original work to anywhere near the same extent as medicine? Can any nurse attain so pre-eminent a position in her calling as the famous surgeon does in his? What is there in nursing that corresponds to the special skill of the surgeon or the diagnostician? I would not on any account claim that all nurses are equally good, but at the same time it seems to me evident that any well-trained nurse who is conscientious and observant is as good a nurse as one need have, so far as knowledge and technique are concerned. Nursing does not allow of great originality and initiative for the reason that it is dependent upon medicine. It is the doctor who decides what the trouble is and how it shall be treated, the nurse who carries out the treatment, and an entirely different preparation is called for in the two cases. The great mass of nurses, so far as they are really good nurses, are very much on a level and deserve to receive the same wages. It would not, therefore, if a sliding scale of wages were adopted, be a case of individual nurses charging more, but of all nurses charging higher prices to those they thought could pay them. It certainly seems as if the doctor's fee and that of the nurse, considering the amount of time and effort given by each, were at times entirely out of proportion. There are many cases where the nurse, the family being able to afford it, should be paid more than the sum now charged. But is it practicable to charge it? Is it not the common experience of nurses that the wealthy patient is least willing to pay the full rate? How many would be willing to pay more than they now pay un-

less they could not get a nurse otherwise? And that would simply mean an advance in the present fixed charge, not a sliding scale at all. The truth is the sliding scale is not feasible in nursing. There is nothing to prevent any nurse now from having a sliding scale of her own and charging more than the regulation fee except the fact that it is not practicable and she would probably ruin herself in a short time. It would undoubtedly otherwise have been tried. Wealthy people have been known time and time again to persuade a nurse to come for less than the usual charge because the case was to be a long one or the work was not hard, but the times they have overpaid on account of devoted service are rare indeed.

Why is it necessary always to harp back to a comparison of nursing with the profession of medicine? Such a comparison is enticing, perhaps; but it is so dreadfully misleading, or may be made so; for there is no real analogy between the two. Take these matters of education and financial reward. Medicine is an independent profession, whose followers devote their time to the study of disease in human beings and to its prevention and cure. The doctor has to have a long and elaborate education, because he has to know all the organs and tissues of the body intimately, their normal workings, the effect on them of disease and of drugs used to cure disease. He has to recognize symptoms in all kinds of people under all sorts of conditions, and prescribe remedies for the individual case. He needs wide knowledge, clear judgment, quick observation. One or two calls a day usually suffice to keep him informed of how things are going and enable him to watch the effects of his medicines and be ready to change them when desirable. The greater his knowledge of the human body, disease and therapeutics, the greater his knowledge of human nature and his tact in dealing with it, the greater will be his success in treating patients. The greater his success in treatment, the more

people will come to him and the greater will be his financial returns. He has no sliding scale of charges, though that has been implied. His charges are fixed, as are all salaries and charges in a general way. The fee for house and office calls are the same for all doctors in the same city or town, and a table of fees for operations is in general acceptance. The chances one doctor has of making more than another come largely through wider practice due to greater skill. It is only when he has made himself regarded as more skillful than the majority of doctors, when he has made a special name for himself, that he is able to charge higher fees than others, because people are willing to pay them for the sake of having him.

Nursing, on the other hand, is a dependent calling, dependent upon medicine. The nurse, in order to give proper care to the patient, must go into the house and stay with him day and night until his recovery. Her work is to watch the patient and his symptoms carefully, to report to the doctor and carry out his orders to the letter. Except as new treatments are instituted from time to time, there are just the regulation treatments of baths, enemata, poultices and so on to be given. She must observe accurately, but she must not draw conclusions from her observations, for that is the doctor's province. That is why he needs his long, preparatory education, and the nurse does not. She does not need a college education to do her work, though it may well make her more pleasing to patients. The fact that she is under the doctor and must leave all decisions to him takes away her power of initiative to a great extent and makes it practically impossible for any nurse to stand far in advance of the many in the technique of her work. The field of nursing skill is limited. Moreover, the fact that she must give all her time to one patient of

necessity limits her earning power, more particularly when she cannot gain any striking skill in her work. The only hope for her gaining special cognizance lies in her personality, that item so utterly ignored at present. No amount of education will make her agreeable to her patients or encourage them to have her a second time, to say nothing of paying her extra prices, if she has not an attractive personality. It is almost always on the score of personality, lack of patience, lack of consideration, lack of tact, that fault is found with a fully trained nurse, seldom on technical grounds. Although the implication is very generally made that a poor nurse can make as much as a good nurse, because she has the right to charge the same rate, it is not true. Like the poor doctor, to use the favorite comparison, the poor nurse does not get so many cases, and her income is proportionately less. The good nurse keeps busy and gets pleasanter cases with larger opportunities.

The woman who becomes a nurse cannot look forward to financial rewards greater than those fitted for a person of average education and nursing training, because such education and training are all that is needed to fit the average woman for efficient nursing. She may still have higher education and reap the rewards of unselfish service to her fellow men. For no higher service can be found than nursing, and its rewards, except in respect to money, are far greater than in most callings. If greater skill in nursing could be gained by having a college education, the financial return would adjust itself to the need and would be forthcoming. It is because so much education is not essential that the financial return falls short of being an inducement to the college woman. The call of the college woman to nursing is and must remain the call of high service, the desire to help her fellow beings while getting a moderately good living herself.

Legal Phases of Hospital Administration

AMY A. ARMOUR

Superintendent New Rochelle Hospital, New Rochelle, N. Y.

ARTICLE II

ANESTHESIA BY NURSES—Pupils must not administer anesthetics. It is too grave a burden to lay on them. But in some cases in New York State graduate nurses are employed by *hospitals*, who take all the responsibility.

Abortions—In these days of race suicide it is a very delicate and vital question to draw the line between legal and illegal abortions. It is assumed commonly that uremia, acetone or malnutrition after prolonged vomiting, nervousness, advanced chorea and a few equally serious conditions, would justify termination of pregnancy. No lay board can decide that, but they can get the consensus of opinion of their best medical men. Therapeutic or inevitable abortion means termination of pregnancy for the sake of the mother's health, *not* her wishes, her comfort, her selfishness, her career or her reputation. But many cases are done, especially in small hospitals, illicitly, under the name of therapeutic. Therefore, each case should be done, not in a hurry, but after a prolonged stay in the hospital under the careful daily observation of at least three attendings.

Not until the same three men should give their consent should she be operated on, and on the patient's discharge they should sign her chart. The chart should give a full, open history of the case, as an illness of which one is no more ashamed than of typhoid. All specimens should be saved in the laboratory, and the board should be notified if there is any tendency to an excessive number of such cases. It does not look well in the year book to be identified with such immoral issues.

Alcohol—Two bonds have to be signed (one kept as a copy and one sent to the capital city of the State) by the officers of the institution, to show to the Department of Inland Revenue the uses of the substance and the formula for denaturing it. It is a matter for a heavy financial loss if the alcohol is not denatured or if it is used for other than the specified purposes. When every barrel is ordered, the permission for withdrawal is sent from the dealer, to be signed by the president, and an affidavit taken by the superintendent to show compliance with the law and with the wording of the bond. The drug books should show exactly where every ounce goes.

Cocaine—The use of cocaine is much restricted by laws, and the hospital must obtain a physician's prescription for each amount ordered, and also must show how every grain has been used.

Ambulance Service—All data about calls must be carefully written down by the house doctor on the ambulance, being the probable basis for lawsuits, the time of call, condition of patient and time returned. Hospital clerks need careful drill about these records. Each hospital ambulance has a limit to which it is obliged to go for patients, this being generally understood by publication in the daily papers. It is better to err on the side of indulgence by bringing cases in, rather than to refuse—common humanity being the grounds for operation. Have it understood that you will accept calls from the (1) Police; (2) Doctors; (3) Well-known citizens; (4) City officials.

Consent to Operation—The medical staff

will have a rule about operating on patients by the consent of nearest relative, according to the best interpretation of the law of that State. Popularly speaking, husband or wife must give consent to the other's operation, and parents for a minor. When a surgeon can demonstrate the gravity of the emergency and the danger of waiting to reach such a relative, in most instances he can go ahead. When patients enter hospital on the surgical service, it is wise for the office to secure consent of nearest relative, especially for minors and gynecological cases. Many suits have been brought against hospitals for such things, even though the patient may have been benefited by the operation. If vaginal section is necessary for a female patient, the operator should also get permission to do a laparotomy. If only appendectomy is judged necessary, and oöphorectomy were found during the laparotomy to be necessary, the waiting husband should be notified. Spare no expense of telegraph or telephone to do this. Among the poor the police headquarters willingly send an officer to notify all such relatives to appear at the hospital.

Contracts—Many railway companies and benevolent orders have a regular basis of payment by contract with hospitals. This should be drawn up by a solicitor, and on a business basis, fair to both sides, at a not unduly low rate, in which case the lodge would be making the hospital give its charity, or "dog eat dog."

Criminal Cases—Stabbing, shooting, attempted suicide and similar cases must be watched by officers. The burden of such should not be put upon the nurses. The officer ought not to be in view of other sick nervous patients. When a criminal is discharged, or a wounded witness in a criminal case, notify police headquarters. All criminal cases should be paid for by the city, if you can persuade your board to work for that.

Charts—Charts must show the condition

of patient on arrival, everything he did and everything done to him, his history, etc., to make a full record of all that any one knows (in connection with the hospital) about him. Different States have different opinions about these, but they should be daily supervised by a head nurse and kept in a satisfactory condition, constantly bearing in mind their legal as well as professional value, especially in reference to child-bearing, injuries, specimens, burns, etc. The history must show how and where and when the patient was found, in an accident case, in order to give evidence of faulty municipal administration. For example: (1) City pavement uneven, sprained ankle; (2) Trenches without red lights; (3) Police not vigilant; (4) Buildings not put up in accordance with permits..

A hospital board should not be afraid to help a poor man if he had just grounds for damages against a city corporation, even one from which they wish to get a grant themselves. Charts must show for legal reasons: (1) All calls of doctors; (2) Accident to patient in hospital; (3) Burns; (4) Falling out of bed; (5) Wrong medicine; (6) Specimens to laboratory; (7) Refusal to take prescribed treatment. Do not let charts go anywhere but to court and then only in an interne's hand. Do not let any but duly appointed persons have access to charts. They are not to be read by clerks.

Commitments—When an employee shows symptoms of mental disturbance, find his relatives and ask them to take care of him. Failing this, put him in the hands of the physician in charge, who will be one of a committee of examiners as to his mental state, and have him transferred. Avoid transferring a mental case to the police court, if possible. It puts a certain obloquy on a hospital to transfer a case of illness like that to a prison. The doctors examining all patients of unsound mind must be registered in that community with the board of health.

Insane patients come regularly under care of the physician, and where the doctor in charge seems slow to act, put the responsibility for the welfare of the other patients on the president of the medical board.

Private Enterprises—Do not be foolish about devoting your time to agents of private enterprises.

A man getting data to make up a directory which he will sell for his own profit has no official right of access to your lists of nurses or employees.

Women trying to sell the nurses smuggled lace or furs should be "shooed" off the premises. Teach your nurses where and how to shop.

Map makers, representing themselves as exponents of the fire underwriters, must present a pass.

Train all your employees to let no one in except by way of the office.

Inspectors of gas, electric or water meters should show a badge or their official note book.

When in doubt, set the visitor at the telephone and let him explain his own business to one of your managers, to get higher authority for his admission to the premises, since the busy hospital is not a suitable arena for exploitation.

Railroad companies wanting access to your registers are entitled to it. Whether they can see a patient is a matter for the surgeon in charge to decide. If there is a suit between the company and the patient, he might be agitated and his recovery seriously retarded.

The office and the nurse in charge of a ward must exercise strict supervision of all visitors, since an eager ambulance-chasing attorney could pose as the visitor for another patient. The moment a visitor produces a legal paper at the bedside the nurse should notify the house doctor. Ignorant immigrants should not thus receive encouragement from the hospital to sue, but should rather be advised to put their affairs in the hands of their consul.

Insurance companies may desire data about deaths, which the office or house physician must give, briefly and accurately. Where annoyingly insistent, they can be politely referred to the board of health and to the physician in charge.

Deportation of Undesirable Citizens—Foreign girls who have been found to be immoral, or unable to take care of themselves, or of unsound mental state, should be deported at the instance of the hospital authorities, within the time limit assigned, as they have thus unjustly become a public burden in the United States.

Dispensaries—A hospital must not do dispensary work without a charter and a dispensary must not treat any free but the poor. This would be unjust to doctors. The hospital requires an investigator who will search out poor people's work, savings, rent, homes, etc., and see whether they are faking or not. Persons claiming charity under false pretences are liable to arrest.

Driving—Taxi drivers must observe the lowest speed limit on entering hospital premises, on account of patients and infants, laundresses, etc. Ambulances have right of way on the streets.

Internes—They must be regularly qualified M.D.'s and should show a license from their own State in the office of the local board of health, so as to be enabled to sign birth and death certificates when in charge of patients in the hospital. They are open to censure, and an attending physician is liable to a fine if tardy in sending in vital statistics. They must notify the board of health about all cases of communicable disease. An interne cannot collect a fee for signing a death certificate, and it is only by courtesy of the attending staff that they are allowed to collect fees for signing any insurance papers. They should not, ethically speaking, mention any charge. Ordinarily, the attending physicians are glad to allow this, but a superintendent needs to know what is going on in every corner of the insti-

tution, so as to protect the reputation of the hospital from any one ignorant patient who might frame a false story. Nurses should make rounds with the doctors at all times for this reason, if no other, so as to be witnesses, if necessary, in any case where patient or interne needs such protection. The internes cannot operate with anesthetics unless an attending physician is present. They must see that every ward patient is daily visited by some properly authorized attending physician as soon as necessary on admission, to execute in the best possible manner the policy of the board of governors.

Information About Patients—Do not discuss professional details over the telephone. Give accurate information to relatives, but no figures or explicit technical terms. That comes only from the physician. Do not tell a mother that her unmarried daughter is pregnant, or a wife that her husband has venereal disease. If any professional information must come from the hospital, let them confer with the interne who has studied medical jurisprudence.

The Press—One can protect one's self behind the physicians, of whom luckily many do not want notoriety. Boards should have an understanding with the local press about the privacy of patients' illnesses, and protect the office when it tries to maintain that privacy. The press should be used to find missing relatives. Do not be rude to reporters, but until the press is owned and operated by a municipality and press men are appointed municipal officers, and until hospitals are owned also by the municipality and operated so, reporters cannot justly demand access to records. Only matters of consequence to public welfare should be given out, and then only through or with consent of physician interested. If an accident occurs in the hospital through neglect, such as a man jumping out of the window, call up the papers and give it briefly and accurately.

Refusal to Take Treatment—Any patient refusing to take treatment of a modern or

orthodox nature should be discharged. A patient going home at his own risk should sign a release. This does not mean much legally, but has a good, wholesome effect.

The Superintendent—The superintendent must make the medical board feel that the whole force of nurses, clerks and servants stand ready to expedite their efforts to give the patients valuable and instantaneous service. She must maintain an unflagging professional interest in the hospital. It is very unfortunate to deteriorate from a capable nurse into a catalogue hunter, and to forget that butter and eggs and ledgers are only a means to the great end of caring quickly and successfully for the sick, and showing the triumphs of surgery and nursing.

There are, as a rule, some by-laws governing the actions of the superintendent, but very little coaching when she assumes such a position. One learns by hard knocks. It is wise to keep within the bounds imposed by the mere names of the officials and committees. For communications to the outside world, in so far as one hospital is connected with another, do it through the secretary of the board. Refer finances to the finance committee and so get all your large acts authorized by the proper person designated to attend to that sort of work. Put the burden on less busy people. Keep yourself intrenched behind your committees. Be sure to represent the case to them accurately and without prejudice. One need not be a "dead one" to do this. One can carry on a very progressive and aggressive policy and happily interpret to the community the humane wishes of the governors.

The Training School and Its Alumnae Association—1. In getting probationers from Canada, advise them to call themselves students, not nurses, or they may be sent back by some immigration inspector, who misinterprets the alien labor law.

2. It is easy for you to write to whatever port they will enter and have an understanding with the day or night inspector before

they come, as there may be some difficulty for young, unchaperoned women to come into the United States at Detroit or Buffalo.

3. Some hospitals have been criticised for advertising in Canadian papers and the advertisements suppressed.

4. The registered schools, under the control of a State University, are regularly visited by the inspector to see that the pupils are not overworked, get enough good instruction and plenty of broad experience to conform to the requirements for the degree of R.N. She studies the hospital as a suitable arena for the pupil nurses. These registered schools should not admit pupils who do not measure up to the State requirements, since they cannot be awarded the hospital diploma.

5. Dismissal of nurses should be through the board on the recommendation of the training school committee, before whom any such pupil should have a hearing in her own defense, if she desires it. She may, of course, retain a legal adviser.

6. Suspension of a nurse is only temporary, done by the superintendent of the school and promptly reported to the committee. It is salutary to bring a nurse before the committee, and leave no place where the superintendent can be open to blame. Do not forget that pupils are individuals, and can sue for loss of time and also for correct representation and freedom of speech. Pupils should not be dismissed very near the time of graduation, except for gross misdemeanor, as this is a sort of breach of trust, in the "restraint of trade," but they may be otherwise disciplined by extension of time, since there are instances of girls becoming lax in their work at the end of their training. But pupils should be checked as they go along and not let go too far when it is too late to weed. Pupils should not take part in a patient's legal proceedings or sign as wit-

ness of any act of a patient. Avoid all chances of their being subpoenaed to court. They must not carry a patient's jewelry around, nor accept gifts, thereby creating an obligation. If a chart has to go to court, an interne may take it, not a clerk. Do not give the pupils' names to press men or directory agents, as they are not residents in the true sense.

7. Graduate nurses should register their diplomas in the city hall of the nearest town so designated by the State Board, at regular intervals, as specified.

8. Hospitals are commonly not considered responsible for any neglect caused by a graduate nurse whom the patient has chosen on the private floor.

9. We must work for the time when a mild censorship will be exercised over graduates, so that they can be kept up to as high a standard as when in training. Whisper it! If a few had their diplomas withdrawn for some of their mistakes or neglect, it would have a tonic effect on the whole nursing body and raise our status. A nurse cannot be sued for a hot water bottle burn, but she should be deprived of the right to practise for a term of months.

10. Each Alumnae Association should be chartered so as to do business with a sick benefit fund, etc., by retained counsel, and he could also assist them in collecting arrears in pay, when on hospital duty, since the hospitals disclaim all such responsibility for their private cases.

The rates now being in a state of change, each nurse should before, or within twenty-four hours of coming on a case, stipulate the charges of her registry for such service to some relative of the patient, so as to prevent misunderstandings, which are most disagreeable at a time when the family are all living at a high tension and overwrought with anxiety, both emotional, domestic and financial.

Nursing the Mexican Refugees and War Victims

FELIX J. KOCH

TO PASS the charming little hospital among the tropic foliage—half hidden, in fact, by the blooming oleanders, at this time of year—one would never suspect the grim tales that the patients inside relate of Mexican greed and cruelty and actual delight in inflicting pain! To the world it was just the Mercy Hospital, at Laredo, Texas; after Nuevo Laredo, across the Rio Grande, was pillaged and sacked and burned, however, it took on another tale.

You who would visit a victim of battle at Mercy Hospital have a charming path before you. From the little hotel at Laredo you pass beside a Spanish-styled convent of imitation stone without. Church bells ring now, as in old mission days, and from the gardens on your way there comes the perfume of the oleander and the delicate scent of the lemon trees. By and by you are at the alameda, where recuperating patients are sitting about, and town idlers are loitering. Facing the one side of the park is the tall, clean-looking court house; on the other is the Catholic hospital.

Your first perspective of it is engaging. It's a simple structure of frame, with porch on two floors, looking down on a wee lawn, enclosed by iron gratings. Within the garden you note some refugees, enjoying the morning sunshine. But for this hospital, here at hand, some one would have had to secure a hospital for these unfortunates.

Visions of Mexican battle nursing and Mexican Red Cross work hover 'round you as you pass inside. You remember the photographs of the dying on the battlefields, suffering the pangs of the damned for lack of a drink of cold water. You recall the sluggish Mexican ambulances and the lazy drivers. Here fifteen Sisters of Charity await

the arrival of the wounded and suffering. Originally a private institution, the Red Cross has been here, since the Mexican troubles arose, and has appointed officers from among the nuns.

Already, in January, 1914, some war victims were brought here; they were nominally men under Mexican care, but there was no place to care for them in the turbulent land 'cross the line, so the Red Cross brought them in. The Sisters of Mercy have distributed mercy to the sick and suffering since 1894 here—why not also at this time?

Proudly the head sister shows one around the institution. Back at the rear the bricked wall is overhung by a second story, and this is supported by pillars of brick, that rise to give way to connecting arches. As a result, one has a charming corridor, recalling the missions of the west. Off from this ranges the garden, with its oleanders and banana palms, the walls themselves banked round by the pomegranate. The sick are in this garden now; if the stress of war made it needful, cots innumerable could be placed out here. Contagious diseases could, of course, not be taken in such an event.

The portico, you find, ends at an attractive chapel, the front an altar done in white, with a white Vermont marble for the stand itself and statues at sides and top in Carrara. At right and at left old-time choir-stalls, finely cut, are reserved for the sisters; at the far rear the organ is presided over by a nun. Over the pews small scenes of the Passion, brought from Munich, are now hung. It's a quiet, cool and peaceful place to which the sick may come for prayer. Out on the portico birds sing, adding to the charm of the whole.

Just beyond are the hospital chambers and



1. RUINED CITY OF NUEVO LAREDO
2. REVOLUTIONISTS
3. MERCY HOSPITAL
4. HOSPITAL CORRIDOR

all physicians around may bring their patients here. Diseases of all sorts are encountered, but in addition they have a distinct fever here, that is somewhat like typhoid, although possessed of certain distinct symptoms.

Small hospitals are much alike. From the wards you retreat to the garden to take your photographs. Out here you run afoul of a rich refugee, a well-to-do merchant from Old Monterey, who tells how he fled, since both factions, in Mexico, keep forcing him to make them doubtful loans. To escape

this, if no more, the rich down in Mexico are now forced to flee.

Other of the convalescents tell like stories. Many of them are suffering as much from the nervous strain, the shocks they have endured, as actual illness. With many the fact of having lost their all; the death, by murder, of kith and kin, acts strongly against recovery.

It's just a plain little hospital, this, at Laredo, but not since Spanish War days, perhaps, has an American hospital held folk who could tell such tales as these.

The Nursing of Tetanus

HELMA OSEEN, R.N.

TETANUS, commonly known as "lock-jaw," is caused by the tetanus or Nicolaier bacilli infecting lacerated or contused wounds. The bacilli are found in unclean surroundings, sometimes in chaff and dust from hay, but more frequently in garden earth, in barnyards, etc. The soil of certain localities seems to contain the bacilli in great numbers. It has also been known to exist in the contents of the normal intestine of both people and animals.

Traumatic tetanus, that which occurs following an injury, is the form most frequently seen. Wounds in which foreign bodies, such as pieces of glass and rusty nails, are left in the tissues, are especially susceptible to infection. However, tetanus rarely develops in a wound which has had prompt attention and is kept surgically clean.

In post-operative cases the germ may gain entrance at any point of the body. The infection occurs when the bacilli come in

contact with suppuration, especially when there is a staphylococcal infection present. I personally know of a woman who carried the bacilli under her fingernail for months. After having a minor operation this woman infected herself and in a short time died. This teaches us to be extremely careful for our own safety, as well as that of our patients.

The outcome of all cases of tetanus after a laparotomy has been fatal.

Tetanus neonatorum, or tetanus of the newly born, is almost invariably fatal. The umbilical wound, or the wound from circumcision is the seat of infection.

The term of incubation of all forms of tetanus is from three to fourteen days. All cases under my personal observation developed symptoms on the eighth day after infection.

The first symptoms of the disease are headache, nausea and cramps in the jaws. Also stiffness of the muscles of the neck. By

the end of the second day after the onset of the disease, the jaws become stiff and slight spasms are noticed when the patient is disturbed. A marked restless and nervous condition is always present, which lasts from six to twelve hours. Usually this restlessness is followed by coma and complete unconsciousness.

During the third day after the onset of the disease the spasms occur more frequently at intervals of from three to ten minutes, with a continual twitching of the muscles of the upper extremities. The temperature rises, sometimes reaching 107° in adults and 109° in children. The pulse becomes very rapid.

Convulsions usually accompany the rise of temperature and the disease usually proves fatal within the following twenty-four hours. However, the longer the patient having the disease lives, the more probable is his ultimate recovery.

In nursing tetanus one of the important points is to guard against the patient being shocked or disturbed in any way, as any disturbance of the nervous system may cause a convulsion. When the patient is quiet the teeth are open about a half an inch. A small roll of gauze should be kept between the teeth to prevent biting or chewing of the tongue during a convulsion.

As long as a patient remains conscious, water and liquid nourishment may be given by mouth. It should be given in small quantities and as frequently as the patient can take it without distress. The utmost care must be exercised in giving anything by mouth. The patient should be cautioned to swallow very slowly, for should he cough or choke a convulsion would be almost sure to follow.

After the patient becomes unconscious or has difficulty in swallowing, alimentation must be continued by means of proctoclysis, given once every twenty-four hours, in such quantities as the patient can absorb. Concentrated food is given in small quantities by means of nutritive enemas. The intervals

of rectal feeding must be determined by the condition of the patient and his ability to absorb that which is given.

To cleanse and rest the rectum give as much thin, boiled starch as the patient can retain without distress—usually from sixteen to thirty ounces. A small colon tube should be used and the cleansing enema given low. High cleansing enemas should not be given after the first forty-eight hours of the disease, as they invariably disturb the patient.

If the urine becomes scant and offensive, hypodermiclysis once in twenty-four hours stimulates elimination.

At the beginning of the disease tetanus anti-toxin is usually given every eight or ten hours, in doses of from 300 to 1000 units. The anti-spasmodics most frequently used are sodium bromide, chloral hydrate, tincture of valerian, chlorotone and neurosine. These are given in very large doses and must be well diluted to prevent any irritation of the rectum. If mixed with six ounces of thin boiled starch, they will be retained better than if given in water. Morphine gr. $\frac{1}{4}$ is given to control convulsions and to keep the patient quiet. When the convulsions become very severe and of long duration, it is necessary to give chloroform until the convulsion subsides.

When the patient's temperature reaches 104° or over, the physician usually orders treatment for reducing the temperature. The usual cold sponge would prove too great a shock to the nervous system. Large bath towels should be wrung from water of about 100° , and slowly applied to the body of the patient. Then sprinkle the towels freely with alcohol and fan gently. It is well for a large towel to be held by some one, so that the patient's head and face are screened from the remainder of the body. This prevents the fumes of the alcohol or a draught from the fan from disturbing the patient.

Death occurs from exhaustion, usually terminating a convulsion.

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

IV. PRACTICAL PROBLEMS

(Concluded)

12. SEX LIFE, PREGNANCY AND PARTURITION

If a nurse is asked for advice as to the wisdom or unwisdom of marriage on the part of a person with heart disease, it may be said that the question is not one that can be answered off-hand, as the answer depends very largely on the nature and degree of seriousness of the disorder; a decision can best be reached by a physician, who should be in possession of all the facts, and should, if possible, be well acquainted with the contracting parties. It may unhesitatingly be stated, however, that where there is the slightest possibility of the communication of venereal disease, marriage should not be thought of. "Syphilis plays such an important part in the cause of heart and blood vessel diseases," said a prominent physician recently, "that I feel it my duty to give here another warning cry to the public." And he further states that "gonococcal infection is often an etiologial factor in heart disease, causing destructive endocarditis and not infrequently leading to a serious termination." The "clean bill of health" as regards venereal diseases, which is being more and more demanded by public opinion as a necessary qualification for marriage, is therefore never more important than in cases where one party or the other is already afflicted by some form of heart disease, even though this in itself might not be considered a bar to matrimony.

A married woman who has shown signs of failure of the heart should be strongly advised against becoming pregnant, as pregnancy is practically certain to aggravate her condition, and there may be great danger of her losing her life. Fortunately,

abortion takes place in a considerable proportion of such cases. Physicians are often in doubt whether to induce premature labor or not, as it is considered that a natural labor puts less strain on the heart than one artificially produced; but, on the other hand, a condition may suddenly develop which puts the victim beyond the reach of such aid.

If during the early part of labor there is any sign of impending heart failure, instruction not to bear down or to make any exertion should be given to the patient, and the physician should be summoned with all speed. He should be present early in such cases, as it is usually necessary to give an anesthetic with little delay, forceps being applied as soon as is practicable. The danger is not over with the completion of labor, however, and the nurse should remain constantly on the watch for signs of heart failure, which have been known to appear as late as two or three weeks after childbirth. The patient should be vigilantly guarded from over-exertion and excitement, and every effort should be made to secure for her an abundance of restful sleep. If her condition remains serious, she should be allowed neither to nurse her child nor to be disturbed by it.

13. CHILDREN WITH HEART DISEASE: SPECIAL NEEDS AND PRECAUTIONS

The prognosis of heart disease in children, whether congenital or acquired, is bad. Few children born with such disorders survive long, and in those in whom they appear as a sequel of rheumatism or some other infection the less firm and resistant char-

acter of the cardiac muscle and the greater nutritive demands of the growing body handicap the heart in its efforts to provide compensation for circulatory embarrassment. In the care of such children, the indications particularly to be emphasized are the need of aiding the general nutrition by abundant simple and nourishing food, taken at sufficiently short intervals to obviate the danger of over-distention of the stomach; the danger of physical over-strain on the part of children too young to understand their condition, and of emotional stress in the form of temper fits, etc.; and the necessity for realizing the strong tendency of these patients to serious results from apparently trivial ailments, especially gastro-intestinal and respiratory disorders. Breast feeding is of greater importance in cyanotic infants than in normal children. They are extremely susceptible to cold, but are at the same time in especial need of an abundance of fresh air, thriving best when kept largely in the open air. In cases where it is possible for a child of this type to spend the winter months in a mild climate, such a procedure may do much to prolong its life.

V. REST AND EXERCISE

The question as to whether a damaged or badly functioning heart will be more benefited by relieving it of all avoidable exertion or by the tonic effects of judicious exercise, is often one requiring considerable discrimination on the part of the attending physician, and the nurse in charge of a cardiac case is liable to have opportunity to exercise her nicest powers of observation in watching the effects upon her patient of either rest or exercise. Rest for the heart is, of course, only a relative term; until it stops functioning forever it must go through its round of work seventy times or more every minute. Cessation of all muscular effort on the part of the patient, however, together with maintenance of the recumbent position,

which avoids the necessity of the heart's pumping the blood uphill, will reduce the work of the organ to a minimum, and in all cases where there is threatened failure of its action this is the line of treatment that must be carried out, as already described under "Acute Heart Failure." In all acute febrile diseases of the heart, also, whether it is the pericardium, endocardium, or myocardium that is concerned, absolute rest in bed is imperatively necessary, and will benefit the patient more than any other form of treatment. When disturbed compensation occurs in the progress of valvular diseases, the same procedure will greatly favor the re-establishment of the circulatory balance. Attacks of angina pectoris, palpitation, tachycardia, or irregularity of the heart action usually pass off more quickly and completely if the patient is placed at rest in the recumbent position, and if severe they may call for a more or less prolonged period of quiet.

On the other hand, however, in cases where acute symptoms have been present, but have subsided, judicious exercise will do much to restore the tone of the heart muscle. In the chronic cardiac degenerations, too much rest favors the progress of the degenerative process, while by proper exercise unaffected muscle tissue may be stimulated to compensatory overgrowth. In adherent pericarditis exercise helps to develop the muscular power of the heart so as to enable it to maintain an efficient circulation in spite of the handicap furnished by a thickened and less yielding outer covering. In nervous affections of the heart, where the severity of the symptoms is often augmented by auto-suggestions produced by the patient's fear of organic heart disease, unless exhaustion sufficient to call for an actual rest cure is present, exercise is generally useful in so toning up the nervous system that the heart symptoms disappear.

The absolute physical quiet demanded in serious failure of the heart, where the patient

is forbidden all effort of any kind, is not allowed to lift his head nor to change his position without assistance, uses bed-pan and urinal, and is fed by an attendant while in the recumbent position, is often very trying to an individual who is accustomed to an active life, and who is very likely suffering so little pain or actual discomfort of any kind that he finds it difficult to realize the gravity of his situation. Here a tactful nurse can do much to inculcate patience, to cheer and encourage the patient; to divert his mind and to allay the sense of apprehension that is apt to seize on both the patient and his family as a result of the severe regimen prescribed. Children suffering from the acute cardiac inflammations and myocardial weakness that so often follow the infective fevers, and in which exertion, even after convalescence seems established, so frequently has disastrous effects, are especially hard to manage, as are patients who are delirious, or attacked by the form of insanity, sometimes violent, which occasionally accompanies heart disease. Physical restraint is, of course, out of the question, any attempt at a struggle on the part of the patient being dangerous to the last degree; if he cannot be controlled by tact and soothing words, warm sponging may be tried, while in some cases the physician will find it necessary to resort to quieting drugs.

Where absolute rest is ordered, rest of mind as well as of body should, as far as possible, be obtained for the patient. An atmosphere of tranquillity should be maintained about him, there should be no loud talking allowed in the room, and all discussion of household worries and everything disturbing should be excluded from it. The sick room should be thoroughly ventilated, both by day and by night, or, where circumstances make it possible to do so, his bed or couch may be placed on a veranda or sleeping porch.

In cases where absolute rest is not necessary, some form of cardiac insufficiency may

require a decided modification of the usual habits of life, and here again it is often difficult to induce the absorbed business man, the busy housewife, or the restless child to comply with the directions regarding the spending of an increased number of hours in bed, resting after meals, avoiding mental as well as physical overwork and any sort of excitement, refraining from any sudden exertion, from rising suddenly to an upright position, from lifting heavy weights, and from all hurried movements. Many forms of heart disease make little manifestation of their presence, and the extent to which they endanger life is often hard to realize. It would be well if doctors and nurses could bring their patients who show signs of cardiac insufficiency to see the reasonableness of such advice as that given by Dr. J. H. Honan to those in such a condition: "The person whose heart is weak or overworked should have one or more periods of complete rest daily. He should lie in bed or on a couch with closed eyes, relaxing every muscle, refraining from conversation and reading, and making his mind as nearly a blank as possible. After an illness, a prolonged rest may be necessary, to give time for the weakened heart walls to regain their normal strength. This often requires several days or weeks, or even months, according to the severity of the lesion or the ability of the heart to do its work. In this condition one must exercise patience, bearing in mind, however, that it is far better to remain in one's room a week too long than to put an extra tax on the weakened heart one hour before it is prepared for additional work. . . . At this period everything may depend on the patient's willingness to comply with the injunctions imposed upon him, and if he gets up too soon the penalty of ill consequences is likely to follow, from which sincere but tardy regret will not exempt him." An editorial writer in a recent number of a leading medical journal gives an instance of the results of disregarding such

injunctions: "'Such a fussy lot, these doctors,' declared a man recovering from an attack of influenza, whose physician had imperatively directed him to remain in quiet until his heart should recover its strength. He put on his overcoat, went to business, returned that afternoon in collapse, and died next day."

On the other hand, however, there are heart patients who are so alarmed at the idea of cardiac disease that they are afraid to take the exercise that they actually need, have almost to be forced out of bed and out of doors, and require constant reassurance and encouragement. When exercise is ordered for a heart patient after a period of rest, it is usually done at first under the direct supervision of the physician, but when it is left to the care of the nurse, she should receive very explicit directions, and should, without allowing her patient to become aware of it, be constantly on the watch for unfavorable symptoms. Among these are palpitation, shortness of breath, pain and a sense of fullness or discomfort in the precordium. No form of exercise should under any circumstances be continued to the point of fatigue.

When patients are able to go out of doors, exercise will be more effective when taken in the open air, even though it may be limited to a few gymnastic movements. For a patient who has been undergoing a period of rest, however, the first form of exercise permitted is usually prescribed while he is still in bed, and consists of what are known as "resistance movements," in which the arms and legs are alternately flexed and extended against resistance offered by an attendant. These exercises, various forms of which will be described at length in connection with the Nauheim treatment, as adapted for use in private practice, may be begun while the patient is still in the recumbent position, a sitting posture being substituted as the heart grows stronger. After the patient is able to be about his room, exercise with

some simple form of apparatus, such as dumbbells or pulleys, may be ordered, but there must be continued watchfulness for signs of over-exertion. Especial precaution should be used in cases of fatty degeneration, as there is more danger of over-strain in such cases than in the other degenerative affections. The purpose of exercise in these cases of handicapped heart action is to enable the organ to do its work more easily, and such symptoms as difficult breathing or palpitation show that the opposite effect is being produced, even though the danger of actual heart failure may not be present in any serious degree. No exercises should be indulged in that involve raising the arms above the level of the shoulders, as this may dangerously increase arterial tension.

Respiratory exercises, preferably taken in the open air or in a room with all the windows opened, are often prescribed. They can be taken in bed, but are most useful when the patient is able to walk about the room, shoulders back and chest raised, taking deep and regular breaths. There should be no holding of the breath; any exercise which produces an intermittent or irregular heart action is highly undesirable. Breathing exercises are often very beneficial in cases where there is edema of the lungs.

For patients who are able to take even short walks out of doors, walking is an excellent form of exercise in chronic cases; but the gradually increased distance covered, whether on the level or in hill climbing, should be regulated by the physician in charge. This is a regularly established method of restoring the heart's force, and under the name of the Oertel system is used in various resorts where heart diseases are treated, both in this country and in Europe. It is not advisable for a person with serious heart disease of any kind to walk in very cold or stormy weather, or against a strong wind; and in his walks the nurse should see that the patient does not fatigue himself by talking too much, or by carrying any heavy

weight, even a heavy book, or wearing too heavy clothing. Walking, or any other form of exercise, should not be done either immediately after a meal or on an empty stomach. A period of rest in the recumbent position is usually ordered to be taken at the close of a walk, and should then not be omitted, even when the patient feels no sense of fatigue.

When the exercise ordered consists of some form of gymnastics, the patient should not be allowed to exceed the prescribed time limit, no matter how enthusiastic he may be, and such exercises are best given at least two hours after a meal. Women should omit gymnastic exercises during the menstrual period. Exercising immediately before retiring for the night is sometimes found to be exciting rather than sedative, but when in the form of walking or of respiratory exercises taken in the open air, it may be an aid to a good night's rest.

With regard to more active forms of exercise, Dr. Thomas E. Satterthwaite, a well-known heart specialist of New York City, says: "Patients suffering from any kind of chronic heart disability usually find rowing a safe and helpful form of exercise. While it is adapted for any period of life from early youth to old age, it is peculiarly suitable for young people recovering from valvular decompensation. Most cases will also be benefited by motoring, provided they do not attempt to be their own chauffeurs, travel on good roads at moderate speed, and if in open cars have wind breakers. Facing a sharp wind in a motor, even at an ordinary speed, is injudicious. Horseback exercise on

a gentle animal in good weather is also permissible and desirable, especially for older people, provided the exercise is taken in moderation. Croquet, archery, and mild games of golf are permissible, but only if the game does not hurry the respiration or pulse, while tennis, rackets, squash, dancing and any other exercise that necessarily produces rapid breathing or may call for sudden muscular strain should be strictly avoided. On the same principle, sport with rod or gun may be permitted, provided the exertion is slight and is no serious strain on the muscular system of the body."

Where valvular lesions are present, or a tendency to heart weakness remains after an illness, the patient must make up his mind to a greater or less limitation of his physical activities, probably during the remainder of his life, and must be made to clearly understand that he needs to avoid every sort of over-exertion. He must neither run for trains, run upstairs, nor walk against a heavy wind. Some regular mild form of exercise, however, is very desirable for such people. And this is especially true of individuals who spend many hours daily at their desks, as they are apt to sit with rounded shoulders and flattened chests, and need to aid the efficiency of the circulation by change of posture, deepened respiration, and enough light exercise to keep the blood moving freely in the vessels. Before being left to their own devices, upon regaining a fair amount of health, patients of this class may be trained in systematic daily exercise, which they can continue without assistance.

The Nursing of Children

MINNIE GOODNOW, R.N., AND ZULA PASLEY, R.N.

CHAPTER X

OTHER DISEASED CONDITIONS

SKIN DISEASES are quite common among infants and young children, due probably to the fact that their skins are delicate and easily irritated, any irritation affording a soil for the development of disease. For example, a strong soap may cause an irritation of the skin and the irritation develop into some chronic trouble. The groins, the creases under the arms and the folds behind the ears should receive particular attention. Unclean or damp diapers cause chafing and sometimes soreness, which if neglected may become true eczema. Indigestion and acid urine may irritate the buttocks or vulva; plenty of water to drink, regulation of the digestion and attention to the local condition are then necessary.

The heads of infants frequently present a yellowish crust, which is doubtless due to lack of cleanliness; this should be well anointed with olive oil or albolene, allowed to remain for some time, and the crust carefully and thoroughly removed. When the child goes to school, he may acquire pediculi from other children, causing a diseased condition of the skin. The remedy for pediculi is tincture of larkspur gently rubbed into the hair, as one uses a hair tonic, the head being wrapped in a towel for some hours or over night. This treatment does not kill the nits, and a second or third application will probably be necessary, but it is cleaner and easier to apply than kerosene or other remedies.

Some foods are thought to cause eruptive diseases, and there are children, as there are grown persons, especially susceptible to these irritations.

Scabies, the itch, is due to a small parasitic

animal which burrows in the skin. The condition is highly contagious. The cure for it is sulphur ointment, which is effective after a few applications.

Urticaria, nettle rash, is due directly to indigestion or some especially irritating article of diet. Strawberries, fish, pork, etc., are said to cause it. The chief treatment is the removal of the offending substance from the alimentary tract by the use of a laxative. To relieve the intense itching, dilute ammonia or vinegar may be used, or a solution of baking soda.

Eczema in young children is an accompaniment of digestive disturbances, and cannot be satisfactorily treated except by a physician who will regulate the child's diet most carefully. A diet containing too high a percentage of fats, starches and proteids is said to favor the development of the disease.

In addition to the regulation of diet, some external application will be necessary, usually ointment of some sort. This must be used generously and will have to be kept on by some sort of a bandage. If the eruption is on the head, a cotton cap or bonnet may be used; if on the face, a mask with holes for eyes, nose and mouth may be sewed into the bonnet. The extremities are easily bandaged with a roller of gauze. If the eruption is on the body, old shirts may be used over the ointment, and they should not be laundered, only aired. No bathing should be done, except the little which is absolutely necessary for cleanliness, as water only aggravates the trouble. If soap is needed, tar soap is best.

The child should be kept from scratching the affected parts or healing cannot take

place. This is difficult, and may even seem cruel, but the rapid healing which takes place when the surfaces are let alone very quickly justifies any restraint which may be necessary. With babies, the hands may be pinned into the sleeves and the sleeves fastened away from the face by pinning them with large safety pins put through the dress into the diaper. Splints of pasteboard or celluloid, padded and put around the elbow are also used. Older children may have the hands fastened behind them with soft bandages, great care being exercised not to get them too tight. At the Infants' Hospital, Boston, a long tube of soft muslin is used, the baby's hands put one in each end, the end pinned to each sleeve, thus covering the hand completely. The central portion of the restraint is then fastened loosely to the side of the crib. By this method the child gets proper muscular exercise, yet the hands are kept away from the face.

SURGICAL CASES

Much surgery is now done among children and the results are ordinarily good. The care after operation is not essentially different from that accorded adults, except as the cases themselves differ. Children usually make rapid recoveries from operation, partly, it may be, because they are better patients than adults.

Adenoids are fungous growths found in the back of the nose. They interfere with breathing, render the mucous membrane susceptible to disease and provide a lodging place for germs of all sorts. Adenoids are sometimes the cause of digestive disturbances, and cases of mental and even moral deficiency have been traced directly to them. If not removed, they frequently atrophy and disappear by about the twelfth year, so that very few adults are troubled with them. Meantime, however, they have done much direct damage to the child's general health, made him an easy victim to contagious diseases, and laid the foundation for permanent

ailments. For these reasons, they should be removed as early as discovered. If the operation is not thoroughly done, it may fail of its effect or even seem to stimulate the adenoid growth and will have to be repeated. In an occasional case, they recur even after the most radical removal.

There is no preparation for the operation, except to see that no solid food is taken for a few hours before. Both anesthetic and operation are short and recovery is rapid. The child may be kept in bed the day of the operation, but is allowed to be up the second day, and usually does not complain after that. Liquid food is allowed the first day, or even a full meal after twelve hours.

Very often a quantity of blood is swallowed during the operation and vomited afterward. If the pulse becomes weak or the child has a marked pallor, the physician should be summoned at once, as a continuous hemorrhage may be taking place. The operation is usually considered to be without danger, but in occasional cases a fatal hemorrhage has taken place.

Tonsillotomy—Diseased tonsils afford good soil for pathogenic germs and an entrance to the body for many diseases. They may be the seat of an infection which results in rheumatism and ends with heart complications. Enlarged tonsils, which usually means diseased tonsils, are quite common. If the case is an aggravated one, and some general infection has occurred, it may take a long time to get a child into condition to take an anesthetic and have them removed.

There is practically no preparation for the operation. It is well to be assured that the bowels have moved well within the last twelve hours, and that no solid food has been taken for a few hours previous. The operation, like that for adenoids, is a bloody one, and considerable blood is apt to be swallowed. The child must be watched carefully for some hours after operation, as serious or even fatal hemorrhages have occurred. In most instances recovery is rapid

and the child may be up within the day. The appearance of any bright red blood, or any weakness in pulse, or marked pallor, should be taken as danger signals. Food should be liquid or semi-solid for a day or two, and preferably cold. Milk, ice cream, etc., are usually acceptable. If there is difficulty in swallowing, the physician should be notified. Solid food may be given upon the doctor's order.

Harelip and Cleft Palate—Plastic operations for the remedying of these defects are frequently done and in the hands of a specialist produce excellent results. It is rare that a combination of the two defects can be remedied in one operation, and even a third may have to be done. It is usually advised that operation be undertaken during the first few months of life, though it may be delayed if there is reason for so doing.

Food should be withheld for four hours before operation, if possible, though water may be given with the consent of the surgeon. The child's face should be thoroughly washed, and the inside of the mouth and nose cleansed with soft cotton sponges and an antiseptic spray used. An older child should have the teeth well brushed and the nose sprayed. Surgical cleanliness is not, of course, possible, but ordinary cleanliness should be secured.

After the operation, great care must be taken not to pull out the stitches nor allow them to become loosened. Those inside the mouth are most difficult to watch. Food should be given neither very hot nor very cold. It should be given by means of a spoon or medicine dropper, not from a bottle. It is possible in some cases to feed a baby from a bottle properly held (with the baby lying on its face), but it is not advisable to run the risk. The surgeon will usually state just how he wishes the feeding done and what the food is to be. Obviously only soft or liquid food should be given until the edges begin to unite. The mouth must be kept clean as best it may, and the

procedure must be done by sight, so that the stitches shall not be disturbed. For the external stitches, some surgeons use a dressing, some leave the wound entirely uncovered. In either case, care must be exercised in washing the child's face, that one does not pull the skin of the lip and so cause separation. The face should be rubbed toward the nose, never away from it.

Eye Operations need practically no preparation. The face should be washed, especial attention being given to the part around the eyes. If the surgeon so orders, the eye may be gently washed out with boric solution at blood heat. Some surgeons may order a compress wet with boric solution placed over the eye and fastened on with a roller bandage.

Eye cases require little after attention, either from nurse or surgeon. If the eyes are bandaged, the child must be amused or kept busy at something.

Mastoiditis is an inflammatory condition of the cells of the mastoid bone, just behind the ear. It is usually connected with middle ear trouble (otitis media), and is a dangerous condition. It may terminate in permanent loss of hearing, or the infection may burrow inward to the brain, resulting in meningitis. For this reason, any complaint of pain in the ear or the region just back of it should be given strict attention.

Mastoiditis may be treated with hot fomentations, irrigation of the ear with boric solution as hot as can be borne (using a fountain bag hung very low), or leeches may be applied. In some instances Nature responds to this sort of treatment and takes care of the infection, but in many instances an apparent cure is followed later by a severe attack. If the case is true mastoiditis, operation is usually necessary in the end, and must be done by a specialist.

Before operation, the child is fed carefully as for any case where an anesthetic is to be given. The hair must be shaved for some distance back of and above the ear, and the

surrounding parts well scrubbed with soap and water. If the part is so sensitive that this cannot be properly done, it may be postponed until the child is under the anesthetic. The ear should also be cleansed, the folds well scrubbed and the canal irrigated.

After operation there is usually great relief. Any return of pain should be at once reported, as it is a serious symptom. For dressing these cases there will be needed small scissors, slender forceps, a small probe, a small glass syringe, very narrow packing (iodoform or plain), and a kidney-shaped basin.

Talipes, or clubfoot, can nowadays be corrected very satisfactorily, often without operation, if the case is taken care of early. The nurse who comes into contact with a case of the sort should do all in her power to have a specialist seen without delay and treatment promptly begun. She should also impress upon the parents the importance of carrying out faithfully and persistently the after treatment, since much depends upon this. These cases are apt to be long, but the results are most satisfactory.

In cases which are corrected without operation, the feet are strapped with adhesive and bandaged, or plaster casts are put on. If an operation is done, the dislocated bones are wrenched into place, and sometimes it is found necessary to cut some of the tendons. After either operation or manipulation, there is a good deal of pain, so that an anodyne may have to be given. If the child is unable to sleep at night on account of pain, the physician should be informed. Children bear pain much better than adults and usually sleep in spite of it. The nurse may know, therefore, that when a child is wakeful from pain or cannot be amused because of it, it is very intense and demands relief.

A child who has been operated for talipes must usually be off his feet for some time, and must frequently wear braces for months.

It is very necessary that these braces be properly adjusted and worn as ordered, if good results are to be obtained.

For a dressing following a clubfoot operation, there will be needed sheet cotton, gauze bandages, plaster bandages of the proper width, a knife for cutting the cast, vinegar or other means of softening the plaster; in short, whatever the surgeon is accustomed to use in taking off and putting on a plaster cast.

Abdominal Operations—The most common abdominal trouble in children which necessitates surgery is appendicitis. Intestinal obstruction may also necessitate an abdominal operation.

The usual symptoms of appendicitis in children are: Rigidity of the abdominal muscles, abdominal pain and tenderness, normal or low temperature, rapid, thready pulse; there may be vomiting and thirst. The child usually lies on his back with the right leg drawn up.

If the case is treated without operation, the child must be kept in bed and no food given. Water may be given freely if there is not too much vomiting. Hot applications may be ordered to the abdomen, or an ice bag. Strict obedience to orders must be enforced, and parents should be informed that any transgression may cost a life.

The only curative treatment known for appendicitis is operation. The technic is the same in children as in adults. In serious cases careful watching is needed for the first day or two, but ordinarily recovery is very rapid. If an abscess is found and drainage must be used, the outside dressings may need frequent changing and the case will be a tedious one; but the child is usually allowed to be up in a short time, as if there were no drainage.

Cases of intestinal obstruction which require operation are always serious, as they must be done with the patient in poor condition. Recovery is usually rapid, however.

Physical Training for Nurses

LEONHARD FELIX FULD, PH.D.

Member of American Academy of Physical Education.

EXERCISE II

HAVE you ever given any thought to the function of the spine or backbone in the maintenance of your strength and the retention of your attractive appearance? The spine is a column of bones having twenty-four joints. In its beautiful natural position it forms a double curve. It curves outward at the shoulders, inward at the waist and outward again at the hips. As we hustle and bustle about our duties during the day we continually disturb this beautiful double curve. If every disturbance is a necessary disturbance and if after every disturbance of this curve we promptly bring the spine back to its natural position, no harm, but rather benefit, will result from the movement. Frequently, however, we disturb this double curve unnecessarily and more frequently, after disturbing it, we fail to bring it back to its natural condition. The proper and the improper methods of

treating the spine are well illustrated when you put on your stockings.

Do you not generally assume the position indicated in Fig. 3, when you put on your stockings? The pretty double curve of the spine has been changed into an ugly single outward curve. This has been accomplished by the exaggeration of the upper outward curve and the actual reversal of the inward curve at the waist. In this position you can not take a full and invigorating breath, because your chest is cramped by the bad position of your spine. The whole weight of your distorted trunk rests upon the principal arteries and veins of your body, rendering it impossible for the heart to maintain the circulation without impediment. The abdominal organs also suffer from this unnatural pressure of the spine and are crowded out of their natural position. If this position is maintained by you for the time that it takes



FIG. 3



FIG. 4

to put on your stockings each day, you begin the day's work in a manner which tends to interfere with the natural functions of the body and to injure the organs of the body at the very commencement of the day's activities.

If you wish to assist in maintaining the double curve of the spine, upon which so much of your health, strength and beauty depends, assume this attitude when putting on your stockings: Lie on your back on your bed, fully extended. In this position your spine is supported at the shoulders and at the hips, and the inward curve at the waist is properly maintained (Fig. 4). Raise the right knee to the chest, and while in this position put on your stocking. Repeat this exercise with the other leg. Deep breaths may be taken by you in this position, since your chest is unhampered by pressure from the spine. Deep breathing will stimulate your circulation and permit you to feel the tingling of the blood in your arteries. The contraction of the muscles used in bringing

the legs up to the chest will serve to strengthen the muscles of your abdomen, which are seldom used during the day. This exercise will also stimulate the liver and the other organs of the abdomen.

The three or four minutes devoted to putting on the stockings, if utilized in the manner outlined in this paper, will convert a movement which is usually harmful to health into one of distinct benefit. It will strengthen the double curve of the spine instead of destroying it. It will give you an opportunity of developing the chest instead of cramping it. It will stimulate the circulation instead of impeding it. It will strengthen the abdominal organs instead of displacing them. In short, it will enable you to begin the day's work with the refreshed feeling of radiant, buoyant good health, instead of with the discouraged, disheartened feeling that always accompanies cramped respiration, impeded circulation and deranged digestion. See to it that you begin your day right.

Catering for Convalescents

BY THE AUTHOR OF "PRESTON PAPERS"

"NO, I *don't* want cream toast! I never want to see a bit of milk again, if I live to be as old as Methuselah!" and the typhoid patient, who had been kept on a low diet for so long—and that "diet" mainly milk—expressed, in his young-man fashion, what many another convalescent has felt about some one thing, even if, with more or less tolerance, taking whatever is prepared.

The assertion of individual preference for or aversion to any one thing should be welcomed by the nurse, as indicative of the return of life's tide from ebb, where nothing mattered. True, it may also indicate temper, or at least a lack of self-control, in the sick one; but even that may be a more hopeful symptom than the utter indifference which marks the really dangerous periods—so far as recovery is concerned; and it is here that good judgment as to what to put on the invalid's tray is at a premium. How to put it on is another story, for a separate article.

When one has lain for days, helpless even as to thinking what she may eat, the meal time is an event and its recurrence one of the things to which the patient looks forward with reviving interest; so here is the first suggestion, implied in the condition: *Make it a pleasant feature of the day.* This will create "appetite juice," as the modern scientists call it, and aid digestion, so facilitating recovery.

The individual needs must govern, of course, and sometimes these will lie outside of the typical cases which can be reeled off and treated in bulk, and occasionally they may even defy the watchful eye of the physician, particularly if he is somewhat new to the patient and unfamiliar with her pet fads and fancies—some, at least, of which must be given attention during convalescence.

So the second suggestion is: *Make allowance for individual idiosyncrasies.* Some people cannot touch milk, even when they are well—or they think so, which amounts to the same thing; and they must be humored, at least for a time. Others are horrified at the mere mention of eggs in any form, while my attorney—a man of broad scholarship, extensive experience and unlimited energy and success, never touches butter nor anything of which butter is an ingredient!

All this means that even when the doctor prescribes a liberal—or a limited—diet, the one who caters for the convalescent needs to be as wise as the serpent, while remaining as harmless as the dove in her preparation of foods and drinks, which shall aid the physician in his efforts to restore the lost balance, yet please the patient and provide an attractive variety.

Below are some things which I have found acceptable. All my life I have had the pleasure and benefits of serving invalids and convalescents, and my own life has been greatly enriched by association with those whose beds of pain became sanctuaries of love and sympathy.

Grape Juice—Wash, stem and pick over Concord grapes. Cover tightly, and let them stand in an enamel kettle, six to twelve hours. Then put over a slow fire, and let them come very slowly to a boil. Stir, carefully, from the center bottom up and outward, to prevent sticking. Boil slowly half an hour. Drain off the juice, without squeezing, into hot glass cans (with rubber rings), which have been thoroughly sterilized. Fill to overflowing, then adjust the rings and caps, and screw tight. Stand downside up in a cool place until the next day, when the expansion from heat having been nullified, another turn of the screw top is possible, so making assurance of "air

tight" doubly sure. Slip each jar into a paper bag, marked: "Grape Juice, *First*," adding the date, and set away in a cool place.

Stir the contents of the kettle over and over, adding water this time, in the proportions of "half-and-half," and return it to the stove for a repetition of above treatment, except that the paper-bag coats for this lot must be marked "*Second*" instead of "*First*," to indicate the presence of water—as this can be given in larger quantities and without "reducing" for the patient, while the first is so rich in iron, etc., that even a teaspoonful is a tonic!

Again add water to the contents of the kettle—only a third, this time—and boil slowly as before. Drain through a bag for twelve hours; then reheat the juice and mark this product "*Third*," to indicate degree of adulteration with water.

Grape juice put up in this way, air tight and without sugar, will keep for years as sweet as in October. It is at once healthful and pleasant, and my friends, sick and well, wish every year that I would "double the output, for we can't buy its like at any price."

Other Fruit Juices—I put up currants, cherries, raspberries and strawberries, with as little sugar as possible to keep them, merely to have plenty of the juice, to make appetizing drinks (for sick and well), with and without ice, or to be used in connection with orange or lemon juice, or in tea, or to flavor gruels for those to whom milk is taboo; and here is my process:

Wash, stem and pick over the fruit, and put it in an enamel colander. Put sugar into an enamel kettle, proportioned two tablespoonfuls for each quart of fruit, except currants and strawberries; these require a small cupful. Add enough water to dissolve the sugar, and set it over a slow fire, with the colander of fruit covered tightly on top to steam, while the sugar and water affiliate as syrup. Put the fruit into hot glass jars,

which have been thoroughly sterilized, packing in all that is possible without crushing. When the jar will not hold any more fruit, pour the hot syrup over it until it overflows. Then proceed as with the grape juice—even to the use and marking of the paper bags.

Small fruits put up in this way have a freshness and flavor that is very attractive to all, but especially to the convalescent, whose jaded nerves and nerveless appetite need special attention. A bit in a tiny tumbler of thin glass, with cracked ice in it, set on the tray with even a plain luncheon, would tempt an anchorite. Any nurse may well prepare these—for pay—during the "season," if at liberty.

Gruels—That there are gruels and gruels, no one will deny, and that most of them are very unattractive, if not actually repulsive, most convalescents will affirm—or make oath, if need be. But a gruel may be dainty as well as nourishing, attractive as well as wholesome, the requisites being: 1. The right consistency, smoothness, well cooked but not scorched, hot, and proper service. If it is too thick, the patient may imagine that he's to be "stuffed," just when he loathes food; and if too thin, he may snap out "Dishwater!" The golden mean will be found in a tablespoonful of flour, farina, oatmeal, Indian meal, barley crystals, or other preparation, to a large cup of milk or a bit less water. Salt slightly and warm a rounded teaspoonful of butter in the stew pan, before putting in the wetting, whirling it around and around to butter the sides and bottom. Add all the water or milk, except enough to moisten the thickening, which should be added to the wetting before that boils, stirring in slowly to prevent lumps. If it lumps, in spite of care, strain it through a coarse strainer. Serve in a hot cup set in a saucer, and with a bright spoon. A hot cracker, or a bit of hot, dry toast, or a bread stick, is the best accompaniment.

If the invalid is tired of water gruels and can't take milk, flavor it with lemon, cherry,

strawberry or raspberry juice, prepared as above.

Scotch Broth—This is acceptable to sick or well people, children or grown-ups, who want "something" but don't know what. It is light, nourishing, wholesome and appetizing, but I have never seen it prepared outside of our family, except by some one who had learned to make it at our house:

Put a well-rounded tablespoonful of butter in a pint bowl. Cut dry bread in, with plenty of crusts, or break in crackers—plain "sodas," or milk crackers, not the sweetened be-raised or cheese crackers; add one-quarter teaspoonful of salt. Pour boiling water over it to cover. Put a plate over it and let stand five minutes. Then toss it over with a silver fork, from the bottom and center, to mix in the salt and butter; add a dash of pepper, and—taste it yourself!

Bread Sticks—Roll out from the bread dough bits of it into rolls, one-quarter of an inch in diameter, six inches long. Bake on buttered tins, in a quick oven, until a deep brown. When done, brush over with milk, cream or butter, to make additionally crisp. They are good to eat and to look at, easy to handle, convenient to keep and desirable as a main dish in milk, or as an adjunct with gruel, porridge, tea, soup, or bouillon.

Toast Water—For fever-parched lips, where milk has become an old story, and other drinks not yet admitted, a glass of toast water is ever grateful. Brown the toast slowly and thoroughly, until it reaches but does not touch the scorching point. Put a slice in a large tumbler of water, and stand it in the refrigerator. Flavor with

grape, lemon, or other fruit juice, if desired; but it is good plain.

Eggs—The yolks of eggs that have been put into cold water and boiled until the yolks are mealy, are very delicate and alluring to an appetite that is more or less capricious and whimsical. Sprinkle with salt, add butter and mash with a silver fork while yet hot enough to melt the butter. Mixed with hot baked potato, it is even more dainty, though perhaps a bit less nourishing.

Eggs that are put into a buttered cup, salted, milk poured over them, the cup set in a steamer over a kettle of boiling water, and steamed until the white is slightly set, are very delicate. Bread or cracker crumbs may be added when done, and all eaten; or the milk may be poured off and the eggs slipped out on to a round of toast or a hot shredded-wheat biscuit.

An egg may be beaten up with lemon or other fruit juice and sugar, for taking raw, when the stomach refuses a combination of milk and eggs.

The yolks of hard-boiled eggs may be crumbed, salted, and served on hot buttered crackers, or on a lettuce leaf between very thin slices of bread and butter, with a tiny glass of grape juice No. 1; or they may be sprinkled over buttered zwieback and set in the oven to heat and brown.

The whites of eggs may be beaten stiff, sugar added, and sour apple grated over it until the amount of apple doubles that of the other mixture. Eaten alone or as an accompaniment to something less appetizing it is very effective.

In any event the caterer for the convalescent may use all the gray matter that the market affords.

In giving a Murphy drip from an irrigating can, the solution may be kept at the right temperature by tying an electric heating pad around the can. M. P., R.N.

Department of Public Welfare

National Convention of Charities and Corrections

THE Forty-first Annual Convention of Charities and Corrections met this year in May at Memphis, Tenn. While the registration at the Convention did not equal that of some previous years, it was nevertheless very satisfactory in character. Illinois, the State of the president, Dr. Graham Taylor, gave the largest delegation and, naturally, New York was second in the line. Contrary to general experience, the registration from the Convention city itself was very small, but the large audiences present at the different meetings testified to the interest in the Conference of the Memphis people.

The most largely attended section was that on Social Hygiene, the chairman of which was Miss Maude E. Miner. This section was held in the building of the Nineteenth Century Club, where the Social Hygiene Committee also held its exhibit. This exhibit was contributed to by many organizations, including those of the Society for the Instruction in Sex Education, the Committee of Fourteen, and the New York Society for Protection and Probation. This exhibit consisted of charts and photographs and great stress was laid on the large number of sub-normal women engaged in a life of prostitution.

This aspect of deficiency was also largely represented in the reports presented at the Section dealing with Deficiency and Delinquency among children and adults. Considerable discussion has been aroused by some of the figures shown on these charts and quoted at the meeting for Deficient

Children. Several authorities have stated that they considered that the claim that 62 per cent. of delinquent women were also deficient was much too large a proportion.

At a special meeting held at luncheon to bring together workers interested in teaching Sex Hygiene, Dr. Snow dealt at some length with the experiment which was tried in the Chicago schools and finally abandoned, of teaching Sex Hygiene in the school course. Dr. Snow seemed to think that the trouble came chiefly from the inability of the physicians who presented the matter, to teach it in a way acceptable and sympathetic alike to parent and child, and expressed quite strongly the view that had the teaching been in the hands of a good trained nurse the results might have been more satisfactory.

A very interesting feature of the report of States was that given by Ohio, where the delegate from Cleveland contributed as its report a stereopticon view of a modern Pilgrim's Progress, showing by means of pictures the inception and satisfactory evolution of their newly arranged method of Federated Charities.

Another series of stereopticon pictures of great interest was that given in the Child Conservation Section, showing very vividly the conditions in the mill towns, both North and South, and the dangers involved in child labor, not only to the children themselves but to the adults who worked with them.

The next session of the Conference will be held at Baltimore in 1915. An appeal is made to all trained nurses who can possibly arrange to do so, to be present, and it is

understood that Johns Hopkins Medical College will make special effort also to secure their attendance upon this occasion.

The Section of Rural Hygiene held a very interesting conference the last morning of the session. It is a pity that this meeting should have been delayed so late in the session, as a great many members who would have been greatly interested had already left town. The chief speaker was Miss Clement, who gave a very exhaustive report on both Red Cross and District Nursing. Some of the statistics which Miss Clement gave as coming in from the district nurses, especially those in the far Southwest, were startling almost beyond belief, showing a lack of comprehension of ordinary sanitation which seemed almost incredible in this age and generation. One instance was cited where the only outhouse in an entire community of some three hundred people was situated in the grounds of the school. Of another case of a community of equal size where the two outhouses frequented by the entire population were placed over a running stream. That typhoid and enteric diseases should be ripe in such communities is not the surprise but that any one should be left alive to tell the tale most emphatically is. Nurses in these communities are expected to fulfill not only their natural duties but to act as welfare workers and friends in every crisis of life. One nurse in particular reported in her district five invalids who had lain for years in dark back rooms, with nothing to interest or render more endurable the hardships of their lives. One of these invalids was a paralyzed man. The nurse discovered he was very fond of birds, and begged from a friend a book on bird study. From that book they learned how to attract the birds to a tree which the invalid could see from his bed, and the delight he took in his feathered friends was really pathetic. Miss Clement was asked as to the methods she had taken to secure nurses for districts, and

explained that it was only necessary to apply to the Red Cross Bureau in Washington. She also said it was very gratifying the number of requests that were coming in for nurses, both public and Red Cross nurses, from all parts of the country, and what made it especially satisfactory was that it was communities who were asking for these nurses through small organizations among themselves, rather than philanthropic persons bestowing a nurse upon a community.

The training for this variety of Red Cross Nurse involves an extra four months of study, three of which may be spent at the Henry Street Nurses' Home and one in the Teachers College of the City of New York. The pay varies from \$75 to \$100 per month, according to location and the amount of work demanded of the nurse.

Dr. L. R. Williams, of New York, also made an address at this section, and related the disappointment of New York citizens in that having the bill for Rural Hygiene pass both houses of the Assembly, that Governor Glynn should have vetoed it, although the appropriation it carried was cut down from \$75,000 to \$25,000. Dr. Williams assured us, however, that the State Board of Health was not at all discouraged and would try for a similar measure in the next General Assembly. In the discussion which followed, Dr. C. Weaver Smith, head of the Home for Delinquent Girls in Dallas, Texas, made a very suggestive and valuable contribution. Commenting on the statistics offered showing that the health of children in the cities was better than that of the country, and that the death rate for adults was lower in the city than in the country, Dr. Smith laid down the proposition that this was in some measure at least owing to the fact of the very poor class of physicians in the country districts. As Dr. Smith remarked, as long as we had medical schools which would turn out grade "B" and "C" doctors, we could not expect anything else,

and that with such doctors in the field it was small wonder that people in the rural communities preferred to trust to the glowing circulars of patent medicines than to call in the local practitioner. A delegate from Mississippi followed this with the question as to whether the delegates present could realize the delicate and very disagreeable position of a capable and well-educated nurse having to work under a man of this type. The general opinion seemed to be that the entrance of a District Nurse in a neighborhood would gradually force a better class of physicians into this country practice.

The final remarks on this occasion were made by a delegate from Florida, who spoke of the appalling increase in the drug habit among children as well as adults, and begged that some experience in treating cases along these lines might be added to the training of the District and Red Cross Nurse.

Under the Section of Health a very interesting meeting was held on Vital Statistics, which concluded with a paper from C. E. Lakeman, the executive secretary of the American Society for the Control of Cancer, on "Cancer as a Social Problem."

This Society has distributed a good deal of literature of late and much that was said was not altogether new, but one suggestion seemed to be particularly important. In speaking of the extreme necessity of recognizing cancer in its very earliest stages and dealing with it as promptly as possible, it would be most valuable if nurses could be taught to know the smallest danger signals which she might well come across while taking care of a patient for some possibly minor complaint. The idea not being that the nurse should alarm or disturb her patient by mentioning this discovery, but should warn the visiting physician of what she fears may exist. Several cases were adduced where nurses had in that way saved their patients by what might almost be called a happy accident.

Notes

The Dodson Coal Company, of Morea, Pa., has engaged Miss Anna Barringer, a graduate of the Nurses' Training School of Mercy Hospital, Wilkes-Barre, to look after sanitation and care for the sick at Morea.



Miss Ellen C. Dowd, the pre-natal nurse of the Baby Feeding Association, of Springfield, Mass., in reporting to the Association, stated that she had attended, since starting her work February 2, 134 patients, 323 visits. She also reported the willingness of most of the prospective mothers to follow instructions, and the hearty cooperation her work is receiving from the local physicians.

"The value of pre-natal work lies in reaching patients early in pregnancy—to have the women under supervision and care from the earliest possible moment. In regard to the manner of approach in trying to reach these mothers of foreign nationalities, we find they have their own traditions and customs. The feeling of resentment at what the mother may consider unwarranted interference changes to friendly interest and an eager desire to learn and profit when she realizes that real interest is taken in her baby's welfare."



The Public Health Nursing Association of Albany was organized May 19 at the Homeopathic Hospital in Albany, by nurses of Gloversville, Johnstown, Troy, Cohoes, Schenectady and Albany. Miss Anna McGee, of Schenectady, was chosen temporary chairman, and plans were made for the enrolling of a large membership. The meeting was addressed by Miss Ella Phillips Crandall, executive secretary of the National Association, and lecturer in the public health nursing course at Columbia University. Miss Hilliard, of the education department, an inspector of nurses' training schools, also addressed the meeting. Miss Ethel Van Bentheusen, of Albany, was also present. It was decided to have the next meeting June 24 at the Nurses' Settlement in Schenectady.

Cleanings

Vomiting of Pregnancy

Dr. R. Kingman, in *American Medicine*, in discussing the vomiting of pregnancy, emphatically disagrees with the neurotic and toxic theories of this condition, and maintains that reflex disturbance is its essential origin. In treatment he advises that the patient should, after loosening all clothes, including corsets, assume the knee-elbow position for a short time; at the same time the perineum is to be retracted digitally or with a speculum, so that air may obtain access to the vagina and the uterus tend to fall from the pelvis toward the abdomen. This process is especially recommended last thing at night, after which the patient is to extend herself face downwards on the bed and turn gradually into a comfortable posture for sleep. If this system does not at once succeed the principle is pushed further by the use of wool tampons soaked in antiseptic, which are packed gently into the vagina in the knee-elbow posture and left there for twenty-four or thirty-six hours. Dr. Kingman asserts that for the last twenty years he has never failed to cure the vomiting of pregnancy in one week by this simple method.



Protruding Navels

Who is responsible for the numbers of infants among the poorer classes who have protruding navels, asks a writer in *Nursing Notes*. Careless delivery is assigned as one reason for this condition, but the writer believes that it is much more likely to be rough and careless handling of the child during the first week, badly adjusted dressings and binders, and ill-fitting clothes, causing a forcible separation of the cord before it is

ready to come off. The insufficiently grown skin is still too tender to withstand the strain of the child's crying, and the navel consequently gets stretched and bulging—an unpleasant and uncomfortable deformity, to say the least of it. Dr. Truby King recommends two pieces of linen (cut in the ordinary tube dressing manner) for dressing the cord. This is a good suggestion; the upper piece enfolds the cord, and the under piece remains spread out on the abdomen, and catches any oozings from the end of the cord.



Strange Aspects of Whooping-Cough

P. H. Sylvester states that the death of a child from any cause is a tragedy; but one is liable to lose sight of this fact in the sudden, unexpected or dramatic death of an unusual case. Whooping-cough, with a mortality of approximately 7 per cent., and a toll of ten thousand in the United States annually, presents an appalling contrast to the layman's, and the average physician's, conception of its harmlessness. The causes of death in whooping-cough are, briefly, exhaustion, pneumonia, broncho-pneumonia, heart failure and terminal tuberculosis. The cases which the author describes are of interest owing to their unusual type, and provide an argument for an efficient treatment of, as well as prophylaxis against, the disease. Six of the eight cases reported were much alike. The author concludes from his experience that certain cases of whooping-cough have symptoms of intracranial pressure, best explained on the ground of a cerebral hemorrhage. The hemorrhage appears to be dependent upon the stress of a severe paroxysm. The symptoms of hemorrhage

in these cases pointed to lesions other than middle meningeal, and were surprisingly uniform in the initial convulsion, immediate rise in temperature to a high degree, cyanosis, and spasticity rather than paralysis. This type of case emphasizes the importance of prophylaxis. Treatment should be directed toward at least reducing the severity of the paroxysms.—*Boston Medical and Surgical Journal*.



Small Enemata

In the *London Practitioner*, Guerin points out that small enemata, one, two or three teaspoonfuls in volume, are extremely convenient as a method for giving drugs, and very useful in all cases in which these cannot be taken by the mouth; they may often be used instead of hypodermic injections. Enemata of this size have been recommended by several physicians, particularly by Montennis, for giving a first dose of morphia. A small enema syringe, holding 3ss, or a urethral syringe, with a short length of rubber tube attached, holding 10 minims, may be used, according to the strength of the solution used. Laudanum should be given in this way and not mixed with a nutrient enema or one of saline. The mixing is often difficult and the desired effect is lost by too great dilution. A much more certain result is secured when a small enema of laudanum is given before the more important injection. A rectum which will not tolerate a large quantity of fluid, will retain it quite well after this precaution. Bromide of potash, alone or with a few drops of laudanum, has given excellent results in patients unable to tolerate it by the mouth. Belladonna is very useful in small enemata, particularly in cases of painful enteritis with constipation and tenesmus. It may also be given to narcotize the posterior urethra and the neck of the bladder in cystitis, and in the painful stage of gonorrhea. For this purpose, it may be combined with morphia or extract of

opium. Cocaine may be added with advantage, especially in congestion of the prostate. The pain of catheterizing, or of any application to the posterior urethra, may be lessened by giving a small enema about a quarter of an hour previously. Antipyrine is much praised by Montennis, when given in small enemata to children in convulsions, and for vomiting due to gastric troubles.

Montennis insists on the use of a small syringe with a short length of tubing drawn on to the nozzle. The length should be rather under four inches. Lucas-Champoniere has shown that a longer tube only rolls up on itself in the rectum. Burburea considers that it is the last part of the rectum which absorbs the best.



Treatment of Burns

The best remedy for the treatment of burns of the first and second degree, according to Brietmann, is 70 per cent. alcohol. As soon as possible after the accident, the affected part is placed in a bath of two parts of alcohol and one of water and then covered with a bandage saturated with this fluid. The pain is said to disappear rapidly, the inflammation to be checked and the vesicles to rapidly dry up. Where the vesicles are already open a slight burning will be experienced. The action of the alcohol is chiefly that of a desiccant, while its antiseptic properties will prevent later infections.—*Therap. Monatshefte*.



A Lotion for Use in Urticaria

Bouchard employs the following:

- R. Cocaine hydrochloride.
- Chloral hydrate.
- Resorcin, aa, 2 grams.
- Glycerin, 6 grams.
- Alcohol, 40 grams.
- Cherry laurel water, 60 grams.
- Distilled water, 90 grams.

—*Medical Record*.

Editorially Speaking

The Nurse Anesthetist

From time to time this magazine has called attention to the fact that however expert some nurses may have become in giving anesthetics, the practice is not yet legal in any State in the Union, so far as we are aware. Undoubtedly, some nurses, through long experience, may be able to administer an anesthetic skilfully, much more skilfully, in fact, than some young doctor with less experience, but that fact does not make it according to law in any State. The giving of anesthetics is unquestionably the practice of medicine. It has been argued that nurses administer other drugs, as ordered by physicians, then why not anesthetics? With most other drugs it is possible for a physician to prescribe an exact dosage, and the amount to be given is practically never left to the judgment of the nurse, as is the case when an anesthetic is given. It is also true that in many cases in which the person to be anesthetized is a bad surgical risk, the administration of the anesthetic requires as much skill as does the operation.

The fact that prominent surgeons started the practice of having nurses give anesthetics has helped to popularize the practice, but it does not make it legal.

The practice of giving anesthetics has been heralded as another great opportunity for nurses to specialize in, in the practice of their profession. Perhaps we ought to join in the popular acclaim, but somehow we cannot help urging nurses to be cautious about undertaking this responsibility, which is clearly undertaking the practice of medicine. The time may come when the giving of anesthetics will be legally placed in the hands of nurses, but it has not come yet,

and we cannot help a lurking feeling that it ought to remain in the province of practice of medicine, rather than of nursing. All nurses should be taught sufficiently in regard to anesthesia, so that they can assist in time of emergency, *but emergencies and regular routine are two different things.*

A Buffalo attorney, in a recent article in the *New York State Journal of Medicine*, has this to say about the question:

"At a certain hospital in Ohio nurses are being 'trained' to become 'specialists' in the administration of nitrous-oxide-oxygen. The so-called 'training' occupies from four to six months, at the end of which period these nurses are allowed to pose as experts in the art of administering nitrous-oxide-oxygen for surgeons, and some of them are 'practising' outside the State of Ohio. As a well-educated physician cannot become an expert anesthetist in six months, to pretend that a nurse, with her meager training in physiology and very little indeed in pathology, can become a safe administrator of $N_2O + O$ in that short time is nonsense, of course. Further, more than two years ago the Attorney-General of Ohio gave an opinion that the administration of general anesthetics by non-medical persons in the presence of a registered physician is unlawful in Ohio. The hospital in question, however, still continues to use nurses as anesthetists and to 'train' other nurses to become 'specialists in nitrous-oxide-oxygen anesthesia.' Such 'specialists' are a danger to the community; there is no popular demand for them in New York State, and the legislature ought to protect the public from them by passing a very brief addition to the Public Health Law, providing that the administration of any general anesthetic constitutes practising medicine. The midwife practises medicine legally, but she is, in my opinion, a detriment to the public. The nurse anesthetist, upon the other hand, is doing what the legislature never intended to permit her to do. Even with the existing law she could probably be indicted, but conviction is far from certain.

"Legislation prohibiting physicians from doing

surgical work before becoming surgeons may be desirable if constitutional, but it is not nearly as necessary at present as is legislation that will effectually prevent nurses from practising a specialty in medicine without a medical education, but with the connivance and assistance—and sometimes for the special benefit—of surgeons, some of whom know very little of the real dangers of any general anesthetic.”



Nurses and Institutional Work

Do nurses want institutional work? Some say they do not and are asking the reason. From our point of view, we believe the number of nurses asking for institutional work has never been as great as at the present time. Never have so many graduate nurses been employed in hospitals in America as during the year 1913, and, without doubt the close of the year 1914 will see a still greater number of graduate nurses occupying hospital positions. In many hospitals, where formerly there were but one or two graduate nurses employed—one as superintendent of nurses and another as assistant, we find the superintendent of nurses frequently has three or more assistants, we find instructors of probationers, night superintendents, clinic nurses, social service nurses and graduate nurses filling all sorts of positions which ten years ago did not exist.

In spite of all these facts, we find the leading editorial (or misleading) in a recent number of a contemporary journal devoted to the subject, “Why Are Hospital Positions Not Desired.” Here and there local conditions may render a hospital position unattractive. The personality and temperament of the superintendent or the chief surgeon or the methods of the board of managers may be a difficulty in some institutions, but there is no lack of evidence to those who want it that, generally speaking, hospital positions are desired. Grace Hospital, Detroit, which gives a six months’ course of training for institutional work, has

for several years had a long waiting list. In one year it had, we understand, over one hundred applications from nurses who desired to fit themselves for institutional work, while it restricts the number admitted to eight or ten in the year.

Not always are those who desire institutional work temperamentally fitted for it, nor have they always the executive or organizing ability required. But let any average hospital advertise for a superintendent or head nurse, or operating room nurse, offering a fair salary, and they will find themselves embarrassed by the number of applications received. One superintendent, who after a weary search for an assistant, writing hither and thither, visiting one or two large cities, finally advertised in this magazine. She wrote afterward “I should never again hesitate to advertise as the quickest and easiest way of solving my problem. I found the kind of nurse I was looking for right in my own city—through the advertisement—and both the staff and myself are delighted with the find.”

The *exact kind of nurse* desired to fill a special place in a certain institution is not always readily found, though there may be numerous applicants. Experience, technical qualifications and, above all, *personality*, all need to be taken into consideration. The position of superintendent or superintendent of nurses calls for a rather more imposing list of qualifications than was demanded in former years. Institutional management is becoming more and more of a science. As departments become more highly specialized, requirements of medical men become more and more exacting. But nurses are applying for those positions in greater numbers than ever before, in spite of these higher demands.

There is, however, great need that a dozen or more large hospitals, well organized, should definitely offer courses of training for institutional work as post-graduate work. A very interesting symposium might

be arranged on the subject, "Why I Like Institutional Work." We shall be glad to receive letters from nurses who hold hospital positions, telling why they prefer institutional work. Let us have a real "shower" of such letters.



Nurses and the Drug Evil

The Boyland Drug Act, which passed the New York Legislature recently, provides that habit-forming drugs enumerated in the statute shall not be sold except on prescription of a physician made on a form prescribed by the act and provided by the State Health Commissioner. A record of all such prescriptions is provided, which must be kept for four years. After the drug has been prescribed by the physician for three weeks he cannot continue to prescribe it without consultation with another physician.

The Act also prohibits the sale of hypodermic syringes, except on physician's, dentist's or veterinary's prescription. It provides for the commitment to hospital by magistrates of persons suffering from the drug habit, and also revocation of license of doctors or dentists who are addicted to the habit, and provides for proper punishment for violation of the Act. In effect October 1, 1914.

This bill is of more than passing interest to nurses for several reasons, one of which is that in the very strenuous campaign which was waged to secure its passage, a letter from a trained nurse played quite an important part. The editor was present at a public meeting, at which the letter was read. The trained nurse in question, after expressing her sympathy with the objects of the bill, called attention to the drug evil as it existed in hospitals among nurses and internes. Her statements were both startling and shocking. She said that not only were nurses addicted to the drug habit themselves, but that they would procure

drugs for patients who craved them and, worse still, would give drugs to patients under their care, without authority, in order to obtain restful nights. She said that many times a patient who at night would seem to be in a fair way to recovery, would in the morning be in a much less favorable condition, and would show plainly, evidences of drug administration.

When we consider that the meeting was a public one, and that the letter was from a trained nurse who claimed to have a wide experience, one can imagine the impression left in the minds of the audience regarding nurses and hospitals. Hoping to provoke some discussion, the editor asked the speaker at the close of his address, whether he knew the writer of the letter as a reliable person, and whether he believed that such conditions existed in the average hospital. His answer was to the effect that while such conditions might not exist in every hospital, he believed that the charge was true of a large majority. The audience seemed to be perfectly in accord with him.

The trained nurse in question may have been honest and well meaning. She may have been very enthusiastic on the subject and, like many enthusiasts, had more zeal than discretion, but from our point of view, the nurse who would send forth a letter of that kind to be used indiscriminately, was sadly lacking in a sense of loyalty to her chosen profession. What do you think about it?



The Swiss National Exhibition, Berne

Nurses going abroad this summer will be interested in the Hygiene and Red Cross sections of the Swiss National Exhibition in Berne, which opened on May 15, and which will last until October 15 next.

In the Neufeld portion of the exhibition grounds we find the Davoserhaus—a pavilion built by the Davos Tourist Association to illustrate the development of Davos as a

health resort. Adjoining is the Pavilion of Balneology, built by various tourist associations to attract attention to the thermal springs of various Swiss spas, and opposite we find the special Hygiene Exhibition. This exhibition has been partly arranged by the Swiss hospitals, and shows, among other things, an old-fashioned monastic medicine chest and a modern hospital dispensary. The Swiss health office shows its methods of testing food with a view to preventing adulteration, and also its methods of inspecting slaughter-houses. Hospital wards are also exhibited, both as they were in former times and as they should be now, and a good deal of space is devoted to the work of the Red Cross and ambulance associations.

The foundation in the city of Geneva of the Red Cross dates back to the year 1863 and in August next it will thus be fifty-one years since this most noble of all institutions has been at work. A tree of genealogy will be the exhibit of the Red Cross at the National Exhibition, and it will show the wonderful growth of the tiny seed which was sown fifty-one years ago and which has brought so much comfort and sunshine to the sick and wounded.

The period of the Exhibition has also been chosen by a number of congresses and conferences, both national and international, as an opportune moment for a meeting. So has the Swiss Society of Neurology, for instance, called an International Congress of Neurology, Psychiatry and Psychology, to be held at Berne from September 7-12 next. An organization committee and various international committees have been appointed.



Adaptability in School Nursing

It is one thing to be able to follow out a routine system of school nursing in a prescribed way, but it is quite another and a very different thing to be able to adapt that

system to new conditions, and this is where some really distressing failures are often made. In a recent case of this kind the Board of Education of a town of 15,000 population had decided to employ a school nurse, and wrote to the superintendent of school nurses of a large city asking that a nurse who thoroughly understood school nursing be recommended. A nurse highly commended for general efficiency applied for the position, and was duly accepted. The town papers heralded her coming as a new and important addition to the uplift forces of the city. But unfortunately she floundered around hopelessly for two weeks, trying to fit the complicated school nursing system of a large city to a small town, and finally gave up in despair, and went back to the large city from whence she came.

She found in the small town no dispensaries to which to send a child with a card duly filled out; there was an absence of many of the social links in the chain of school nursing necessary in a large city, but unnecessary in a small city, where most of the people were neither very rich nor very poor. There were churches, societies and guilds ready to help in any case of real need, but the nurse was a slave to routine procedure, and could not do school nursing except in just the way it was done in the city in which she had had her experience.

Adaptability can be cultivated; some nurses acquire it more easily than others, but it counts so heavily for success when one is obliged to change one's location, that every nurse should try to avoid becoming so fixed in one certain way of having things done that she cannot adapt herself and her methods to new conditions. The nurse in question had a chance to score a tremendous success as the first school nurse to be employed in the State. She knew enough to do school nursing successfully, but because she lacked adaptability she made a conspicuous failure.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Coming Hospital Convention at St. Paul

Dr. Arthur B. Aucker, chairman of the executive committee of the American Hospital Association, sends the following hearty invitation to all who are interested in hospitals to attend the convention. This means you, gentle reader. He says:

"As you know, the annual meeting of the American Hospital Association will be held in St. Paul, August 25 to 28. You are, of course, interested in the work of this Association and are planning to attend.

"St. Paul is making preparations to the end that all who attend this meeting will not only have the benefit of the sessions, but will be able to see one of the most beautiful cities of the country when it is at its best. You will enjoy a visit here this summer. In case you are not familiar with the city, there is enclosed a book describing and illustrating a few of its beauties and attractions.

"St. Paul has been called 'The City Worth Seeing,' and the people of the city extend to you a cordial invitation to pay them a visit at this time, when you can combine a pleasant trip with a meeting you should under no circumstances miss."



The Eight-Hour Day for Nurses

There are many hospital workers who believe in a forty-eight or a fifty-four hour week for nurses, who are violently opposed to the *legal* eight-hour day for hospital nurses established in California. The nurse whose regular hours of duty are from 7 A.M. to 7 P.M., with a half hour off each for dinner and supper, two hours out of the wards daily for recreation and study, and an afternoon off each week and a half of each Sunday, is putting in about fifty-four hours a week in hospital duty. This is really an eight-hour system, though it is often called a twelve-hour system. It permits of an adjustment of the working force to meet the ever-changing needs

and demands of hospital life, and many hospitals are working according to this system without embarrassment to the work and with satisfaction to the nurses.

It is easy, of course, to deviate from this standard, so much depends on the head nurse's ability to plan the practical work and off-duty hours for the pupil nurses! Under some head nurses the pupils almost invariably get their allotted hours and afternoons off. With other head nurses, the pupils are continually behind, in getting through, and continually losing some of the hours off duty which they should have. There is need to keep a check on this matter, and many superintendents of training schools are requiring the head nurse to turn into the office each evening a slip, stating what nurses have been unable to get their full time off duty and the reason for it. This makes it possible for the hospital to make up to the nurses, when the pressure of work is relieved, the leisure time to which she is entitled. There is a principle of justice involved which hospital authorities should never lose sight of.

The question of the effect of a law compelling a nurse to go off duty on the minute, no matter what duty she may be engaged in, is far-reaching in its effect on the nurse's character, and her attitude toward her patients. The following extract from the letter of a California superintendent of nurses to a friend in Australia and published in the *Australasian Nurses' Journal* for March, contains many points which should make the most ardent supporters of the legal eight-hour day pause to consider whether its benefits are all that they had hoped for:

The extract is as follows: "The eight-hour law is still a heavy burden, really the most cruel thing they have ever done in the nursing profession; I don't know when it is going to end. Patients are complaining, head nurses work day and night doing the student nurses' work, while the latter are constantly grumbling and in a state of discontent at not getting all the experience they should have; that is, the conscientious ones, while the others are running round, attending picture

shows, theatres, etc., tiring themselves out before they begin their work. One shift of nurses does not put in an appearance till 3.30 P.M. daily, so you can imagine how much experience they lose. They come on duty tired out with being out all day, and not fit for work. I am trying to arrange some rule whereby I can keep them all in for two hours of their time each day to study, but as they are all off at different hours it is almost impossible to arrange unless I give up my whole time, and I cannot devote that to looking after the nurse off duty, when those on duty require so much attention. I worked out a system of instruction—it worked beautifully, but the eight-hour law has smashed it all up, crippled us, for every time a head nurse wants to teach a student anything she is off duty, and I have to form classes at night to give instruction that should be learned in the wards. The patients also complain of the constant change of nurses—the doctors, also, as orders are frequently overlooked or not properly attended to. We cannot keep a nurse on half-an-hour longer today and make it up to her tomorrow, even if it is in the middle of an operation or obstetric case she must drop everything and go. . . . The eight hours has compelled us to increase the number of nurses three-fold, which also means more head nurses, maids, cooks, waiters, etc., etc.



The Superintendent's Holidays

How many holidays should a hospital superintendent be given during the year? Probably most of our readers will answer, "At least a month." Some hospital boards are much more generous than others in this matter. Many boards fail to realize that a holiday is an aid to efficiency and that the hospital, as well as the superintendent, reaps the benefit of a well-spent holiday.

Dr. Luther H. Gulick, in an article in the *Review of Reviews*, some time ago, on "The Effects of Mental Fatigue," stated some truths which ought to be better known and better appreciated than they are. Among other things he said: "To get a place at the front and to keep it takes all the energy a man can muster. It takes more than energy, too. It takes the wisest possible investment of that energy. A man must know when to spend himself and when to spare himself. Success lies as much in knowing the time to quit as in the ability to keep plugging on in the face of everything. That is why the problems of fatigue are important. . . . No fatigued person can see things straight."

A writer in the *Hospital World* some months

ago, quoting Brand Whitlock, tells how a wise directorate, in engaging a business manager who would carry great responsibility, stipulated that he should have a salary of \$8,000 for working twelve months in the year, but \$10,000 if he worked for ten months only.

The directorate clearly believed that ten months' work plus two months' holiday achieves better results than twelve months' work and no holiday.

The value of the vacation lies not alone in the physical recuperation afforded, but in the wonderful manner in which it readjusts the mental attitude. "Hold things in their proper proportion," adjures Drummond repeatedly, in his addresses to young men. It is the keynote of all sane and wise living.

No man can work twelve months in the year—certainly, no hospital superintendent can—without losing in greater or less measure his sense of proportion. The daily friction, the petty mishaps or the more serious blunders of a large staff, the constant dealing with humanity-on-edge in the patients and their friends, the financial problem and the larger questions of organization—all go to make the position of chief administrator one of continuous strain. And the more faithful and conscientious he is, the greater the danger that these things will speedily loom too large, darkening and foreshortening all his outlook upon life.

Of course, no hospital head should forego the daily and weekly relax of hours and half days or week-ends off, when the little trip into the outside world and its other interests eases the strain and tones the system. But these do not give the absolute rest of the longer holiday, since the responsibilities of office are still carried. The longer annual holiday, with its necessary shifting of authority to another, means that the superintendent sheds all care and becomes absolutely free.

The return for a last direction, advice or caution; the sense of delinquency in leaving; the feeling that one's personal oversight is essential to the well-being of the institution—all are evidences that the sense of proportion is lost. And the readjustment begins even as the train moves out of the station, when the superintendent with a deep breath that betokens the extent of his relaxation, realizes in thought, if not in words, that he "is out of it; no matter what happens."

As the holiday progresses, he prophesies that "flikely things will go all right, anyway." Finally, he comes to a point where he admits that possibly the hospital wouldn't suffer, even if he never returned to it.

Also he finds that "The world is so full of beautiful things," that life is worth while, quite apart from the hospital and its problems. The latter has dropped from its position as the greatest thing in the world to its place as one among numerous other great things. And when this stage is reached, the superintendent's sense of proportion has become readjusted, and he is fitted, mentally at least, to assume his responsibilities.

The point in the opening paragraph is well made. The superintendent who works ten months in the year and gives the remaining two months to a wisely used vacation—change of scene, change of air, change of thought—is worth more to his board than is the all-the-year-round worker.

For he retains the true proportion of things.



What About Training?

New York City last year made an investigation into the ratio of nurses to patients in its municipal hospitals. The results of this inquiry were rather startling, except perhaps to those who are connected with the institutions in question.

The following figures represent the number of nurses on day duty:

"Kings County Hospital, 14 admissions per bed per year, 26 days' stay per patient, one nurse to 21 beds. Metropolitan Hospital, 8 admissions per bed per year, 45 days' stay per patient (chronics), one nurse to 24 beds. City Hospital, 8 admissions per bed per year, 45 days' stay per patient (chronics), one nurse to 42 beds. Bellevue Hospital, 24 admissions per bed per year, 15 days' stay per patient, an active service, one nurse for 16 beds."

It would appear to most of those familiar with hospital work that the condition needed investigating. Does any one for a moment imagine that any human nurse, be she ever so willing, since she is possessed of but two hands and two feet, could take *care* of sixteen patients on an active service or 24 on a chronic service? Figure it out in time and the result is illuminating. Assume an eight-hour day for the nurse. She would be able to give each acute case just thirty minutes of her time, or each chronic case twenty minutes, during this entire eight hours.

Does any one think that work under such conditions is *nursing*, or that the experience thus acquired is *training*, however many beds "always occupied" the institution may have? How could a three years' or two years' experience as a pupil nurse in these hospitals possibly fit a nurse for private nursing in homes, or for "*thorough*" care

of *refined patients*? A little experience in real home nursing, before graduation, would seem to be badly needed in such schools, if the graduates expect to demand \$25 to \$30 a week when they leave the hospital. Would it be "lowering the standard" to plan for it?



Hospital Overcrowding and the Remedy

There has never been a time in the history of the world when so much money has been freely poured out in order to increase hospital accommodation in all parts of the United States and Canada, and there has never been a time within the memory of the present generation of hospital workers when overcrowding in hospitals has been so common, especially in the larger cities. Wards designed for eight patients are made to hold twelve beds. Rooms designed for one patient are made to hold two or three. Cots are placed in halls, sun parlors are utilized. Rooms are fitted up in basements to receive the overflow. Refusals of requests for admission at some hospitals are said to average from ten to sixteen a day the year through.

Is the only method of relief for these conditions to call for still larger sums of money from the pockets of public and private givers, to build still bigger and more numerous hospitals, or have we reached a stage in hospital development when we should attack our problem in a more rational and scientific manner, by a more careful selection of patients who absolutely require hospital accommodation and better provision for *home* care for those who have homes, and who can be helped to recover at home?

It is hard for the average worker in a hospital to believe that there is any other method of managing the situation than to try to secure more money from some source and build additional buildings, or to pull down old buildings and build greater ones, wherewith to "stow" the patients who apply. Human nature is strong, even in hospital superintendents, and each one apparently has his (or her) secret aspirations for a larger building with more money to maintain it. Too often these new additions duplicate accommodation which is already fairly well provided for, while no attempt is made in many cities and towns to provide accommodation for contagious disease patients, to supply needed modern facilities for non-surgical treatment, or to analyze the real needs of the city, as to the care of the sick. We, most of us, see the problem of the care of the sick in fragments—rarely do we try to see *the whole problem of the care of the sick* in a given

community. We very often receive in our hospitals those who could be safely cared for at home, given adequate provision for home care, which every city should have, and we are obliged to refuse cases whose life, perchance, depends on the prompt, skilled care and modern appliances which a modern hospital represents. We, perchance, receive a normal maternity case, who could have made an excellent recovery at home, as did her mother and grandmother, and we then have no room for the case with serious complications, and she gets along as best she can with unskilled care. We perhaps send patients out of the wards with no provision for needed supervision during convalescence, only to receive the same patient back again a little later on. Investigation of the records in Bellevue Hospital recently showed that four thousand of the patients treated had to be readmitted later in the year. The cost of maintaining each patient, including transportation charge, is \$2.50 a day, and the average stay twelve days. Those who have given careful study to the question state that "a direct saving would be secured by caring for a certain proportion of patients in their homes that otherwise would be sent to the hospital and there maintained."

Our study of hospital efficiency and economy has not as yet led us to seriously consider the questions: Who should go to a hospital? Who can be safely cared for at home? For whom should we aim to supply hospital facilities? What are the serious needs of our city as regards the care of the sick? How large a hospital do we really need for our community, and what departments should it have?

New York City is the first to seriously attack the problem of the care of the sick as a whole and to try to give definite answer to these various questions. Let us hope that this is but the beginning of a more serious study of the care of the sick as a whole in many American cities.



A Hospital for the Middle Classes

The *Baltimore American*, in discussing the hospital needs of that city, emphasized the demand for greater provision for middle class patients. Quoting the opinion of one of the leading jurists in the State that Baltimore had no hospitals which catered to the great middle class, the statement is made that "a patient must be a pauper or a millionaire to receive treatment. The State makes provision for the poor, and when the case is an interesting one the patient is welcomed. For paying patients the charges are so

excessive that only the very rich can afford to pay them without going into debt. The average citizen, like the mechanic, the clerk or the man engaged in a small business, objects to going in as a pauper. He wants to pay, but he cannot afford the almost prohibitive charges imposed. In at least two hospitals the cost of a room without attendance is \$5 per day, and in mighty few is it less than \$25 per week. In cases where a special nurse is required during the night the charge is \$4 per night, and I know of a case where \$2 additional was asked for board, even though the nurse was supplied by the institution.

"If," continued the Judge, "a hotel can supply lodging for \$2.50 per day there is no reason why a hospital should not be able to offer the same rate.

"A hospital that would cater to the middle classes would, if established in the city, be well patronized. We need it, especially since the others claimed during the season when sickness was more prevalent to be unable to accommodate patients. It is proper that the State provide for its poor, but the people who pay the bulk of the taxes are also entitled to consideration."



Ohio Valley General Hospital

The Ohio Valley General Hospital at Wheeling, W. Va., is a six-story, white, castle-like structure which stands on a hill overlooking the city, and will always be a conspicuous feature of the town. It is built and equipped with the most up-to-date conveniences, each bit of construction and equipment being designed to save time and labor and to promote efficiency in work. There is a silent call system, internes' calls, a system of electric clocks, elbow door handles; blanket warmers, sterilizers and incinerators in each department; plenty of lavatories for nurses and doctors, with elbow handles and combination faucets; heavy linoleum floors for all wards and rooms; indirect lighting; electric elevators and food lifts, etc. The kitchen, with its red-tiled floor and white-tiled walls and modern labor-saving equipment, is one of the most attractive parts of the hospital. There will be a dining room for patients' friends. The servants are served cafeteria fashion.

There is an out-patient department, accident rooms, X-ray department, wards and private rooms, maternity, departments for colored patients, for contagious cases and for delirium tremens or other objectionable cases, an excellent operating department and all that is necessary for a complete hospital.

There are ample porches easily accessible to all

patients, and all doors are wide enough to permit a bed to be moved through them. Outdoor treatment will therefore be made a feature.

This building is probably one of the best examples of recent hospital architecture in this country, and is worthy of study by other institutions.



A Hospital De Luxe

The new private patients' pavilion, recently opened by the Toronto General Hospital, has been well styled a "hospital de luxe." The impression given to the visitor is that of a large residential hotel, possessing every comfort and luxury.

It stands in its own private grounds, a part of the hospital yet detached, and complete in itself. Accommodation is provided for 150 private patients, the cost ranging from \$16.50 a week for a semi-private room to \$100 a week for a suite of rooms consisting of bedroom, bath room, sitting room and balcony. The rooms have been furnished in mahogany, old ivory or fumed oak. The indirect lighting system is used throughout the building.

It is five stories in height and the cost when furnished and equipped was above \$400,000.



The Hydrotherapeutic Department

The Buffalo Homeopathic Hospital has a most complete hydrotherapeutic department, which is in charge of a graduate nurse and which is open to outside patients, as well as those in the hospital. The prices are regulated according to the kind of treatment given.

If bath houses, handled in an unscientific fashion, can be operated with profit, as they are in most of the larger cities, a hospital should be able, through judicious advertising, to operate such a department so that it would at least pay expenses. The equipment of such a department is not more costly than the equipping of a complete operating room, and surely the modern hospital owes to its patients all the benefits of non-surgical treatment which it can provide. Yet it is not difficult to find a hospital with two or three complete operating rooms, and not a modern facility for giving even an ordinary sweat bath to a non-surgical patient.

St. Luke's Hospital, Tokio, Japan

Fourteen years ago Dr. Rudolf B. Teusler went to Japan to open a little hospital that had been closed for two years. It was absolutely without equipment, except a few broken-down beds and some blankets, which were sold for \$25. Dr. Teusler said he has always felt sorry for the men who bought them.

From this insignificant beginning has come the present St. Luke's Hospital, Tokio, with its eighty beds, its corps of thirty trained nurses, its staff of ten Japanese physicians, four of them graduates of the Imperial University, and three foreign doctors, besides a dispensary caring for 150 cases each morning. But this equipment is quite inadequate for the work which St. Luke's is asked to do.

Prince Katsura, formerly Premier of Japan, and Baron Goto have made a gift of \$25,000 to develop St. Luke's into a great international hospital. It is proposed to erect an institution of 150 beds, with professors of the Imperial University as its consulting physicians, with a staff of foreign and Japanese doctors.



New Plans for General Memorial Hospital

As a result of gifts amounting to more than a million dollars to the General Memorial Hospital, New York, the institution will in the future be devoted to cancer research and the care of cancer patients, in connection with Cornell University Medical College. When present plans are completed, it will be the largest cancer hospital in the world.

The hospital will retain its present board of trustees and some members of its practising staff, but others will be supplanted by pathologists familiar with special research work in all forms of cancer and tumors. The actual management of the hospital and treatment of cancer will be under the charge of the faculty of the medical college, of which Dr. William M. Polk is dean and Dr. James Ewing professor of pathology. There will be available for the purpose a large supply of radium and unique facilities for laboratory research by the staff of pathologists of the Cornell University Medical School.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Did She Do Right?

To the Editor of The Trained Nurse:

In the May number of *THE TRAINED NURSE* there was a letter in regard to a nurse who gave a woman who fainted in a car and did not revive immediately, a hypodermic of strychnine. The question was asked, "Did she do right?" It struck me as very strange that such a question should be asked. If we should see a child crossing the street in front of a moving car, would we not try to stop the child and endeavor to save it from injury? It is just so with a nurse, when her patient or any one else meets with an accident or an emergency arises, and no medical help is at hand, it is the duty of the nurse to do her best without hesitation and save a life, if possible.

Not very long ago I was called to a woman who the day previous had had a miscarriage, and was then having a very bad hemorrhage. There was a 'phone in the house, but I could not take the time to 'phone and wait till the doctor arrived. The first look at the woman told me enough and I went to work at once. First I gave her a dose of ergot hypodermically, and as this did not stop the bleeding I gave her a dose of pituitrin; in the meantime I had sent the nurse for ice for the ice bag. I had also raised the foot of the bed, and then after I had done all I could, I 'phoned for the doctor. When the doctor arrived the patient was very weak, but I had controlled the hemorrhage. The doctor told me I had done right, and that if I had waited for him to come the patient would have died. I then asked him his opinion of what a nurse should do in an emergency; he said that if a doctor could be had in a very short time and the nurse thought there was no danger in waiting, then it was best to put the responsibility on the doctor; but if there was no medical man at hand, then a nurse should do everything in her power to save a life. I think any nurse would be happier in the thought that her skill and presence of mind had saved a life, than to look down on a lifeless body and think that the life might have been saved had she dared to act without the doctor's instructions. Referring to the letter of Elizabeth Young, I fully agree that there is too much fuss made over the catheterization of male

patients. If a nurse is called on a case where this is necessary and there is no one else to do it, then she should perform the service, and make her patient as comfortable as possible.

GRADUATE NURSE, Saskatchewan.

To the Editor of The Trained Nurse:

In regard to the question, did the nurse do right in giving the hypodermic injection—certainly she did right. She showed how quickly she could use her brain and do something in an emergency. There was no time to wait for a doctor's orders when such an emergency arose. I say, Well done, Miss S. You did what you could. Although the patient died, you have the satisfaction of knowing that you did your best. If the nurses who say you did wrong had a mother or sister taken suddenly ill in the car, how many would wait for the doctor's orders before doing anything to help, especially when they had something close at hand, and a life might be saved in the meantime. What are nurses and doctors all trying to do? Are we not all trying to save life or trying to ease the pain of those we cannot save and make them comfortable? No good doctor would censure a nurse for using her brain in case of emergency. Our hospital training teaches us to be always on the lookout for danger signals and warnings and notify our doctor when anything is not going right. If we cannot get our doctor or any doctor, do what the occasion demands, and do it quickly, if a life is in the balance.

EDITH WRAY, R.N.

To the Editor of The Trained Nurse:

You invite criticisms on the article by Hilda M., Nebraska, in the May number of the magazine. Would like first to give a little experience of my own. Several years ago I was in a little village in the mountains where a young girl took an overdose of morphine. The proprietor of the hotel at which I was staying was general factotum of the place. Every one sent for him on every occasion. I happened to hear the boy tell him what the trouble was and offered my services. When we

got to the cottage the girl was in the last stages of morphine poison. I immediately set to work, doing as I have seen physicians do under similar circumstances, until toward morning we had gotten her so far along that she could swallow black coffee and we could relax our efforts somewhat. Both doctors arrived by sun-up and said I had saved the girl's life. Now should I have waited for them (the doctors)? They did not think so. If I had the girl would have died. I think every one will agree I did right, and yet I practised medicine, for I did exactly as I have helped doctors do with like cases. I think the nurse who gave the hypodermic of strychnine did right; had she done less she would have been a coward.

As an old ward patient said to me one night when I had to wake him every hour for medicine. I told him I was sorry. He said, "That's all right; do your durndest." We should all do our "durndest" and let quibbles of etiquette take care of themselves.

M. G., Texas.

To the Editor of The Trained Nurse:

In reference to the article of Hilda Me., Nbraska, in the May number, should like to say that Miss S. did quite right in administering treatment as she saw fit in absence of a doctor's orders. We all feel that it was the only way she could rightfully have acted.

A TRIO OF NURSES.



The Directory and the Practical Nurse

To the Editor of The Trained Nurse:

The letter from Miss E. R. Coppinger in the April magazine discusses the desirability of the general directory for graduate nurses carrying on its lists the practical nurse and trained attendant. While I agree that in larger cities especially it is *undesirable* to carry both graduates and non-graduates, yet I think the writer of the letter has told but one side of the story. As a hospital superintendent I have kept, for the convenience of doctors and without charge to any one, lists of both graduates and non-graduates. Calls for graduates which I am unable to fill I refer to the graduate nurses' registry, but many times I am obliged to send an untrained woman where a trained nurse is needed, but where the trained nurse refuses to go. I have had the registrar plead with me to be *sure* to send her all the calls I could, and have had her tell me that she had twenty-seven nurses on call, idle, yet not one would go to nurse a contagious case, where the family could not pay over \$15 a week. I have had other cases where, when the family agreed to

borrow the money to pay the trained nurse, she went riding to the house in a cab at high noon. When they refused to pay the cab fare she had the assurance to send the bill for the cab to *me*, because I was the one who had referred the call to the registry. I have had so many experiences with trained nurses that made me ashamed of their actions, that I can readily understand why doctors often prefer the practical nurse, who will not expect to be waited on in the home, and who often fits into the needs of the case better than the trained nurse. If the untrained nurse imposes on the profession, the trained nurse as often imposes on the people. I agree fully with Miss Mary Beard that all non-graduate nurses should work under the active supervision of a graduate, the graduate's skill supplementing her work in all serious cases.

The solution of the problem is not reached when the practical nurse is dropped from the graduates' registry. The practical nurse needs more supervision than she can get from any such registry, and we should all work to have a graduate nurse in every county in charge of the work of practical nurses.

EMMA E. MEAD, R.N.



Male Catheterization

To the Editor of The Trained Nurse:

I have just read Miss Young's common-sense letter in the May issue about male catheterization and must say I think she expresses a very sensible view of the matter. I had one experience with that condition, an old gentleman of seventy-five, who was dying with arteriosclerosis and developed prostatitis. We were obliged to catheterize for nearly two weeks. When the physician could not come I did it and was glad to be able to relieve him. The wife was afflicted with a senile dementia and was insanely jealous of her husband and suspicious of all I did to make him comfortable. It required tact and a quiet, matter-of-fact manner to cope with the situation and not arouse her rage. I always went about the duty in a quiet, unostentatious manner, and I do not believe she ever knew I passed the catheter myself.

In another case of malignant typhoid fever the patient, a lad of fifteen, was delirious all the time and had no sense or control of urination. To prevent accidents and render it easier to care for him, I would place a pint Mason jar in position to receive the urine and leave it there. I found it would save all trouble and made my work easier. I pass this on, as it may help some sister nurse in an emergency. I could not do without your helpful magazine.

M. B. O., New York.

To the Editor of The Trained Nurse:

I for one agree with Miss Young on the subject of male catheterization. A true nurse does not stop to think of herself or her own feelings, but does everything in her power to relieve her patient, male or female. I was called to a case last December—patient male, fifty-seven years old, who had a stroke which paralyzed his entire left side. Patient had been confined to his bed two weeks before I was called. The former nurse had been careless and patient had two very severe burns on his left leg, also quite a number of bed sores. Patient would wet the bed continually, also had involuntary bowel movements. On the 26th of December, after I had him prepared for the night, he asked for water, but when he tried to drink was unable to swallow; in a few seconds he had a slight convulsion, and was unconscious for about three hours. Another stroke followed, which partly paralyzed the bladder. After this he passed very little urine, and suffered intense pain at the time. On the seventh day of January he became quite delirious, and the pain in the bladder was so intense that we had to tie his hands to prevent him doing injury to himself. On the 13th I was ordered to catheterize patient every eight hours. The catheter was very difficult to pass, on account of stricture. A urinalysis was made, and pus and casts found. When the patient was very delirious, the only way I could quiet him was by singing. He would lie quiet as long as I would sing. On the 16th of January patient became unconscious. Pulse was 130, temperature 106°, respiration 48. Doctor called at 10.30 and assisted in the catheterization, as it was impossible to use a rubber catheter, and a steel one was passed with the utmost difficulty. Patient died at 12.45, without regaining consciousness.

I hope all the readers of THE TRAINED NURSE derive as much pleasure and benefit from it as I do. I can scarcely wait till the first of the month when I get the magazine. BERTHA POST.

**In Reply to Query***To the Editor of The Trained Nurse:*

May I express my views in reply to "A Query" in the April number of THE TRAINED NURSE?

In my training I was taught that a nurse should always know what medicines she was giving a patient, that she might know what actions to look for, also whether or not she could safely give them together or near together, if for any reason a medication had to be omitted at prescribed time.

I have often asked doctors questions in regard to the medicines and have always found them most courteous in answering. S. B. T.

**Lessening Menstrual Discomfort***To the Editor of The Trained Nurse:*

In reply to letter in April number would suggest trying Vi-burnum Tablets, gr. \bar{v} . every hour for four, five or six hours. I have both given and taken it with great relief and it does not affect the heart or head. C. K.

To the Editor of The Trained Nurse:

I am extremely interested in the letters concerning menstrual pain. I have taken numberless treatments without relief. I have taken codein, but fear the awful drug habit, which every one is so much in danger of who uses such drugs. I am trying to find a harmless yet effective counter-irritant for cramps. I would like the nurse who signs herself "Baton Rouge" in the Letter-Box of April number to be more explicit in her directions for using chloroform, as she suggests. I imagine this is more simple and convenient to use than my best treatment—laudanum in hot vaginal douche. A. E. B.

**Information Wanted***To the Editor of The Trained Nurse:*

I would like to know the result of the experience of some one who has handled a confinement case where the baby was born with lungs and head filled with mucus. If any nurse has had a case of this kind, I would like to ask whether the baby lived and what was done to save its life.

ANXIOUS INQUIRER.

**The Nursing Mother's Diet***To the Editor of The Trained Nurse:*

I would like information regarding the mother's diet during the nursing period. I found Mary Allen's article in last November number excellent, and would like more on the same subject. I own several text-books, but that subject seems to receive but little attention. I find nothing but the most general remarks.

I find THE TRAINED NURSE AND HOSPITAL REVIEW very helpful, and enjoy particularly the broad-minded attitude of its editors in regard to the nursing problems of the day. M. TERRELL.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Spanish-American War Nurses

The Fifteenth Annual Convention of the Spanish-American War Nurses will be held in Detroit, Mich., September 1 to 4, 1914, with headquarters at Tuller Hotel. A complete program will be given in next issue. On account of the G. A. R. encampment which takes place in Detroit on the same dates, it is urged that rooms be reserved in advance. Rates are from \$1.50 to \$4.00 per day, European plan.



Navy Nurse Corps

APPOINTMENTS—Mary Frances Lowery, R. N., Virginia Hospital, Richmond, Va.; Amelia Mumm, R.N., Hahnemann Hospital, Chicago, Ill., three years Colon Hospital, C. Z.; Emmeline Bauer, R.N., Emergency Hospital, Warren, Pa., post-graduate Jones Hospital, Jamestown, N. Y.; Evelyn Sims, R.N., Methodist-Episcopal Hospital, Brooklyn, N. Y., night supervisor, Maryland General, Baltimore, Md.; Florence Vevia, R.N., Mercy Hospital, Muskegon, Mich., night supervisor, Jefferson Hospital, Richmond, Va.; Christine Dixon, Columbus State Hospital and Protestant Hospital, Columbus, Ohio; Jennie Natalie Johnson, R.N., East Side Hospital, Providence, R. I., post-graduate Bellevue and Allied Hospitals, New York; Mary Belle Struble, R.N., Woman's Hospital, Philadelphia, Pa., special nurse, Maternity Department, Hahnemann Hospital, Philadelphia, Pa.; superintendent of nurses, George Washington University Hospital, Washington, D. C.; superintendent, St. Luke's Hospital, Utica, N. Y.; superintendent, Hebrew Hospital, Baltimore, Md.; Katherine Dunn, R.N., Bellevue and Allied Hospitals, New York.

TRANSFERS—Pearl Smith, R.N., to Newport, R. I.; Helen A. Russell, R.N., to Chelsea, Mass.; Lillian M. Urch, R.N., to Newport, R. I.; Susie I. Fitzgerald, R.N., to Newport, R. I.; Evelyn Sims, R.N., to New York, N. Y.; Bertha I. Printz, R.N., to New York, N. Y.; Beatrice G. Terrill, R.N., to Chelsea, Mass.; Christine Dixon, R.N., to New York, N. Y.; J. Natalie Johnson to New York, N. Y.; Katherine Dunn, R.N., to New York, N. Y.; Antoinette Montferrand, R.N., to Mare Island, Cal.; Eva B. Moss, R.N., to New

York, N. Y.; Margaret Pierce, R.N., to her home, Port Henry, N. Y.; Elisabeth Leonhardt, R.N., chief nurse, from Naval Hospital, Guam, to Washington, D. C.

ASSIGNMENTS—Clare L. De Ceu, acting chief nurse, Naval Hospital, Chelsea, Mass.; Ethel R. Swan, acting chief nurse, Naval Hospital, Canacao, P. I.

HONORABLE DISCHARGE—Lucy A. Keenan.

RESIGNATIONS—Marguerite Begley, Mary Calhoun, Eleanor C. Smith, Alice M. Annette.

LENAH S. HIGBEE,
Superintendent, Nurse Corps, U.S.N.



Vermont

The Registered Nurses of the State of Vermont assembled at the Van Ness House, Burlington, May 12, for the purpose of organizing a State association. There were nearly one hundred present and all sections of the State were represented, including every hospital. There was a program of exercises in the afternoon, and a banquet and business meeting in the evening. The nurses gathered in the roof garden at four o'clock, where prayer was offered by the Rev. J. S. Braker. An address on the ideals the trained nurse should endeavor to attain was made by Dr. D. C. Hawley. Miss Katherine De Witt, of Rochester, N. Y., read a paper on the value of organization. After a banquet in the dining room at six o'clock the nurses adjourned to the roof garden again and voted to form the Vermont State Nurses' Association. Organization was perfected by the election of the following officers: President, Miss Mary E. Schumacher, of the Brattleboro Memorial Hospital; vice-president, Mrs. Fred Patch, a graduate of the Rutland Hospital; secretary, Miss Margaret Connors, of the Fanny Allen Hospital; treasurer, Miss Hattie E. Douglass, of the Mary Fletcher Hospital. There were 92 nurses present out of the total registration of 385 in the State.

The third annual meeting of the Alumnae Association of the Rutland Hospital Training School for Nurses was held in the lecture room of the hospital May 11, 1914, at 3 P.M. The reports of the secretary and treasurer were read and

approved, after which the following officers were elected for the ensuing year: President, Maud A. Hill, R.N.; vice-president, Mrs. Edward Robinson; secretary, Mary Will, R.N.; treasurer, Minnie P. Ruddy, R.N. New regulations concerning nurses' fees and services suggested by Mr. McClallen were discussed, and with a few alterations were adopted. Meeting adjourned.



Connecticut

The Hartford Hospital Training School for Nurses held graduating exercises at the Nurses' Residence, Friday, June 5, 1914, at eight o'clock. Twenty-four students received diplomas and prizes were awarded as follows: Senior Year—Bertha H. Uzelmeier, first prize of \$50, donated by Dr. O. C. Smith; Alice M. Fanning, second prize of \$25, donated by a member of the executive committee. Intermediate Year—Alice C. Kair, first prize of \$50, donated by Mr. Austin C. Dunham; Eva A. Crowdis, second prize of \$25, donated by a member of the executive committee. Junior Year—Mary E. Malloy, first prize of \$50, donated by Mr. Austin C. Dunham; Catherine C. Howard, second prize of \$25, donated by a member of the executive committee. The presentation of diplomas and prizes was made by Dr. P. H. Ingalls, chairman of the training school committee, and Dr. O. C. Smith. The address to the graduates was by Dr. G. C. F. Williams, member of the executive committee. The opening prayer was by Rev. Samuel Hart, D.D. There was also a musical program, and a reception followed the exercises.

The annual meeting of the Connecticut Training School for Nurses Alumnae Association, New Haven, was held June 4, 1914. Yearly reports were read and the election of officers took place. All officers were reelected, with the exception of the secretary, Mrs. Wilcox, who declined nomination, and was succeeded by Miss Maud Churchill. A very instructive and interesting report was read by the delegate to the American Nurses' Convention, Miss M. K. Stack, which was greatly enjoyed. To Miss Anna Barron, the president, and to Mrs. M. J. C. Smith, the treasurer, is due great credit in handling the affairs of the Association, and general satisfaction is evinced that they are willing to continue in office. To Mrs. Wilcox, the retiring secretary, a rising vote of thanks was given in appreciation of her labors and interest in the past. The meeting was adjourned, after which a delightful shore dinner was enjoyed.

New York

The Fifth New York City Conference of Charities and Corrections was held May 19-21, 1914. The opening session, Tuesday evening, May 19, was held at the Polytechnic Institute, Brooklyn. General subject: "Public Health." The speakers were Mr. Morris D. Waldman, manager United Hebrew Charities of the City of New York; Hon. Ernst J. Lederle, Ph.D.; Prof. E. E. A. Winslow, of the College of the City of New York; Dr. Donald B. Armstrong; Hon. Linsly R. Williams, M.D., Deputy State Commissioner of Health, Albany. The second session was held Wednesday morning, May 20, at the United Charities Building, New York City. General Subject: "Families." Paper, "Effective Method in Family Treatment—The Public Official," by Miss Ida H. Curry, of the State Charities Aid Association. Paper, "Effective Method in Family Treatment—The Medical Social Worker," by Miss Katharine Tucker, president of the Association of Hospital Social Service Workers, of New York. General discussion. The third session, Wednesday afternoon, May 20, United Charities Building. General Subject: "Settlements and Recreation." Report of committee by the chairman, Mrs. V. G. Simkhovitch. Paper, "Self-Support and Self-Government in the Social Center," presented by Mrs. Draper in the absence of Rev. Percy Stickney Grant, D.D., who was to have presented the subject. Paper, "A City-Wide Plan for Recreation," by Mr. John Collier. General discussion. Fourth session, Wednesday evening, May 20, United Charities Building. General Subject: "Municipal Needs." Reports of committees. Paper, "Proper Distribution of Duties Among the Departments of Health, Public Charities and Bellevue and Allied Hospitals—Defects of the Present System," by Hon. Henry C. Wright, Deputy Commissioner, Department of Public Charities, New York. Discussion. Paper, "A Program for an Improved Plan," by Dr. Sigismund S. Goldwater, Commissioner of Health. Discussion. Fifth session, Thursday morning, May 21, at Lincoln Agricultural School. General subject: "Delinquency." Report of Committee. Paper, "The Delinquent Colored Girl," by Mrs. Albert L. Read. General discussion. Paper, "The Woman Offender," by Dr. Katherine B. Davis, Commissioner of Corrections. General discussion. Sixth session, Thursday afternoon, May 21, at Lincoln Agricultural School. General subject: "Children." Report of committee. Paper, "What Should be the Test of Eligibility of Children for Admission to Child-Caring Agencies," by

Hon. William J. Doherty, Deputy Commissioner Department of Public Charities. General discussion. Paper, "After the Orphan Asylum, What?" by Rev. Brother Paulian, superintendent of St. Philip's Home for Industrious Boys. Discussion. Miscellaneous business. Final adjournment.

The Annual Conference of the Health Federation of the City of New York was held at the New York Academy of Medicine, 17 West 43d Street, Thursday, May 26, at 4 P.M., with the following order: Minutes, Report of Nominating Committee, Election of Central Council. Subject: "Cooperation Between the Private Health Activities of the City and the Departments of Police and of Health." 1. "The Points of View in Health and Police Work," Mr. Bailey B. Burritt, General Director Association for Improving the Condition of the Poor. 2. "What the Consumers' League Wants the Patrolmen of the Police Department and the Inspectors of the Department of Health to Do," Mrs. Frederick Nathan, president of Consumers' League. 3. "What the Recreation Alliance Wants of the Patrolman and of the Health Department Inspector," Mr. Louis Heaton Pink, member of the Executive Committee, Recreation Alliance. 4. "What the Woman's Municipal League Wants of the Patrolman and of the Health Department Inspector," Mrs. Edward Ringwood Hewitt, president Woman's Municipal League. 5. "What the Academy of Medicine Wants of the Patrolman and of the Health Department Inspector," Charles Loomis Dana, M.D., Chairman Public Health Committee of the New York Academy of Medicine. 6. "What the Neighborhood Organizations Want of the Patrolman and of the Health Department Inspector," Miss Lillian D. Wald, head worker, Nurses Henry Street Settlement. 7. "Cooperation from the Police Department," Hon. Arthur Woods, Commissioner. 8. "Cooperation from the Health Department," Hon. S. S. Goldwater, M.D., Commissioner. 9. Discussion.



Pennsylvania

Graduating exercises of the Philadelphia General Hospital Training School for Nurses were held at the hospital May 15. Diplomas were presented to the forty graduates by Dr. Richard H. Harte, director of the Department of Health and Charities. Following this ceremony the graduates were addressed by Dr. Charles F. Stokes, medical director of the United States Navy. Cyrus D. Foss, Jr., secretary to the Mayor, spoke in the absence of the latter. The

gold medal of honor was presented to Miss Kathryn Carpenter, the honor graduate, by Dr. Ruth Webster Lathrop, professor of physiology at the Women's Medical College. The invocation with which the exercises began was offered by Rt. Rev. Monsignor Charles F. Kavanagh, Chancellor of the Archdiocese of Philadelphia, and the prayer with which they closed by Rev. T. C. Pearson, chaplain of the Philadelphia Hospital.

The Graduate Nurses of St. Joseph's Hospital of Philadelphia held their annual reunion on the evening of May 27, 1914, at the hospital. The sisters and officers of the Alumnae Association received the guests in the reception hall, which was beautifully decorated. Refreshments were served, good music rendered and all present had an enjoyable evening.

The annual graduation exercises of the Training School for Nurses of the Medico-Chirurgical Hospital, Philadelphia, were held June 3 in the clinical amphitheatre, where diplomas were awarded twenty-two young women by John G. Carruth, vice-president of the board of trustees. Prof. William L. Rodman presented the medals for special standing. Dr. Charles F. Stokes, of the United States Navy, delivered the address to the graduates.

The commencement exercises of the graduating class of the Friends Hospital Training School for Nurses, Frankford, Pa., were held on May 21, 1914, at the hospital in the school Gymnasium. The address to the class was by Samuel Bolton, M.D., and the presentation of diplomas by Alexander G. Wood, president of the board of managers, assisted by Dr. Marion O'Harrow. Dr. Robert M. Chase, superintendent of the hospital, presented each graduate with a Hand Book for Nurses, the gift of the faculty. A collation was served to the visitors after the exercises. Following are the names of the graduates: Mary T. Beard, Florence G. Beaver, Barbara E. Bloom, Eleanor E. Brown, Margaret M. Conahey, Lois R. Fuller, Phyllis A. Harrison, Jessie C. Hemerly, Marie M. Kabusk, Frances O. Kunkel, Alice M. McDonald, Helen G. Murphey, Sarah C. Shockley, Kathryn O. Vail, Mabel Willison. Class colors, blue and gold. Class motto, *Patentia Vincit*. A banquet was given the graduates at "Kugler's," May 12. Dr. and Mrs. A. Buckley gave a dance to the graduates in the Gymnasium, which was beautifully decorated for the occasion. After the dance refreshments were served.

Commencement exercises for the graduating class at the Training Hospital School for Nurses of the Jewish Hospital, Philadelphia, were held June 2 at the hospital, Logan Station. Twelve graduates received their diplomas. They are Misses Edith Barnett, Gertrude Edwards, Louise Antoinette Green, Lela Mae Le Huquet, Gertrude Violet Lindgren, Melda Beatrice Manbeck, Anna McFall, Anna Regina O'Neill, Jessie Hammer Rose, Emma Pauline Whiteker, Evelyn Lillian Williams and Ella Florence Young. Prize winners: Miss Louise A. Green, winner of the Matilda Kaufman gold medal for highest general average. Miss Gertrude Edwards, winner of Joseph Greenwald gold piece for highest average in practical nursing. Miss Lela M. Le Huquet, winner of Rosalie Feustmann prize of emergency bag for greatest efficiency in management of a ward. Miss M. Beatrice Manbeck, winner of Sidney L. Feldstein gold piece for highest general average in obstetrics. Miss Nora S. Pflieger and Miss Wanda E. Groth, winners of the David Kirschbaum gold pieces for highest general average during term.



Georgia

The eighth annual meeting of the Georgia State Association was held at Atlanta, May 20 and 21. Mrs. A. C. Hartridge presided. The meetings were featured by addresses by Miss Frances Patton, president of the Atlanta Nurses' Club; Mrs. Samuel Lumpkin, president of the Atlanta Civic Federation of Women's Clubs, and papers, "The Hospital vs. the Graduate Nurse," by Miss M. A. Moran; "Reciprocity and Our Professional Obligations," by Mrs. L. A. Warner, president of the Tennessee State Board Examiners, and "Red Cross Nursing Service," by Miss F. F. Clement, chairman of the National Committee Town and Country Nursing Service. The delegates were tendered a luncheon at the Hotel Winecoff and later were taken for an automobile ride. The convention came to a close in the Woman's Club on the afternoon of the 21st, with the selection of Savannah as the next meeting place, and the election of officers for the ensuing year. Following are the new officers: Miss Ada Finley, R.N., president; Miss J. M. Candlish, R.N., vice-president; Miss Jane Van de Vrede, R.N., second vice-president; Mrs. Bash, R.N., recording secretary; Miss Theodosia Wardell, R.N., corresponding secretary; Miss Mamie Mobley, R.N., financial secretary.



Tennessee

The second annual convention of the Graduate Nurses Association of Tennessee was held in the

rooms of the Chamber of Commerce, Chattanooga, June 3 and 4. The opening prayer was by the Rev. T. S. McCallie. The Address of Welcome by Mayor T. C. Thompson. Papers presented were as follows: "Obstetrics," Dr. George R. West. "General Nursing," Frances Postlethwait. "Pediatrics," Dr. J. M. Selden. "Babies' Food and Care," Eliza Whiteside. "Gynecology," Dr. W. G. Boggart. At the afternoon session the subjects discussed were: "Typhoid Fever," Dr. G. Manning Ellis and Myrtle Bess Edwards. "Pathology," Dr. W. H. Cheney. "Pellagra," Dr. J. Culpepper Brooks. "Ophthalmology," Dr. B. F. Travis. There was also a trip to Chickamauga, and a reception at Pine Breeze. At the morning session of June 4, there was an address by Dr. Cooper Holtzclaw, and discussion of the following subjects: "Surgery," Dr. J. B. S. Woolford and Miss Grass. "Nose and Throat," Dr. J. McChesney Hogshead. "Registration," Mrs. Lena A. Warner. The afternoon session was devoted to social service topics, and the following papers presented: "Visiting Nursing," Mrs. Willie Acree. "Metropolitan Visiting Nursing," Kathryn Farmer. "City Work," Dr. J. B. Steele. "Tuberculosis," Dr. E. D. Newell and Natalie Plewes. The session closed with a picnic supper at Signal Mountain.



North Carolina

The North Carolina Nurses' Association held its annual meeting at Durham May 25, 26, 27, with the following interesting features: Dr. L. B. McBrayer, superintendent of the Montrose State Hospital for Tuberculosis, gave a plain practical talk on the advisability of a uniform curriculum of training schools in North Carolina. Miss Hobbs, the president, read a partial report on the standard curriculum for schools of nursing from a paper read by Miss Goodrich at the national meeting of nurses in St. Louis last month. "A Report from 'Dunnwyche,'" showed the Nurses' Home at Black Mountain out of debt. The \$1,200 debt of last year has been a dark cloud over it. A paper, "The Evil Effects of Exposure to Draughts," by Mrs. W. B. Pratt, of Charlotte, was ready by Miss Stinson, Mrs. Pratt being absent. A paper, "Why a Nurse Should Join Her Local Association," by Miss Mattie Kuykendall, R.N. The following officers were elected: President, Cleone Hobbs, Greensboro; first vice-president, Mary L. Wyche, Greensboro; second vice-president, Julia Stinson, Charlotte; treasurer, Hattie Lowery, Wilmington. The next annual meeting will be held at Wilmington.

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Daniel M. Hoyt, M. D. (University of Pennsylvania.)

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College.)

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp., etc.)

Tyra Cowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

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South Carolina

The eighth annual convention of the South Carolina Graduate Nurses' Association convened at Laurens, May 6, for a two days' session. The meetings of the Association were held in the Knights of Pythias' hall and were presided over by Miss M. A. Trenholm, of Columbia, president of the State Association. On invitation quite a large gathering of townspeople attended the opening exercises, which consisted mainly in a formal welcome to the visitors. The invocation was offered by the Rev. C. F. Rankin. Dr. H. K. Aiken was then introduced to make the address of welcome on behalf of the city, and was followed by Dr. R. E. Hughes, representing the local medical associations. The response was by Miss McKenna, of Charleston. Miss Trenholm delivered her annual address, a most encouraging and thoughtful paper, on the growth and work of the organization. Then followed the presentation of papers on different subjects and a short discussion of each. The first of these was by Miss D. K. Minnehan, of Charleston, whose subject was "Electrotherapy." Other papers read at the afternoon session were: "The Visiting Nurse's Work in Tuberculosis," by Mrs. Elizabeth Payne; "Settlement Work in Graniteville, S. C.," by Miss Virginia Gibbes, of Columbia; "Visiting District Nurse in Sumter," Miss A. Gibson, of Sumter; "X-Ray Laboratory from a Nurse's Standpoint," Miss Maud Mombry, of Columbia; "Anesthesia as a Field for Nurses," Miss Fraser, of Sumter; "Town and County Red Cross Nurses' Service in Spartanburg," Miss Emily Nesbit, of Spartanburg. The afternoon closed with a report from the American Nurses' Association by Mrs. E. W. Dabbs, of Mayesville. In the evening the visitors were given a reception at the Julia Irby Sanitarium. Two sessions of the convention were held May 7 and were marked by the consideration of many matters of importance to the society. A pleasing and interesting feature of the morning session was the presentation of a fine paper by Miss Sarah Babb, of Greenville, representing the Red Cross Town and County Nursing Association. After electing officers for the ensuing year, selecting Greenville as the next convention city, passing resolutions of thanks for the hospitality extended on this occasion by the people of Laurens, and placing itself on record as approving medical inspection of schools, the convention adjourned. In the election of officers, Miss Julia Irby was chosen president of the association; Miss L. M. Davis, of Sumter, first vice-president; Miss Arnette Benson, of Columbia, second vice-president; Miss Virginia Gibbes, of Columbia, secre-

tary, and Miss F. J. Bulow, of Charleston, treasurer.



Kentucky

The Kentucky State Graduate Nurses' Association held its annual convention at Louisville, May 5, 6, 7. The sessions were held at the Louisville Free Public Library. Mayor John H. Buschemeyer welcomed the delegates in the name of the city and assured them of his interest in the organization, not only as the chief executive of the city of Louisville, but as a physician. Miss A. Atkinson, head nurse of the Good Samaritan Hospital at Lexington, responded to the address of welcome and expressed the thanks of the visiting nurses to the Mayor and the Louisville nurses for the extensive preparation for entertainment of the guests. State Senator Joseph F. Bosworth, who was instrumental in having the nurses' practice act passed by the last Legislature, was expected to be present, but sent a telegram saying it was impossible for him to meet the nurses, whom he called "dear angels." Mr. Bosworth said it was a keen disappointment that he could not attend the convention. Representative W. A. Perry, of Louisville, who introduced the bill, told of the hard and efficient work done by Miss Elizabeth S. Robertson and Miss C. C. Collins in inducing the members of the Legislature to vote for the bill, and also of the many obstacles that had to be overcome. Mr. Perry explained the bill in detail. A rising vote of thanks was tendered the Mayor, Senator Bosworth and Representative Perry. At the afternoon session reports were heard, and a paper presented by Miss Clara Fisher, head surgical nurse of the Jewish Hospital, Louisville. At four o'clock the delegates visited and inspected the Louisville City Hospital by the courtesy of Dr. J. W. Fowler, superintendent, and Miss Eliza Johnson, superintendent of nurses. Tea was served for the visitors. The annual report of the president, Miss Mary Alexander, was presented at the opening of the session Wednesday morning and papers were presented by Miss Alice Gagg, superintendent of hospital and nurses of the Norton Memorial Infirmary, and Mrs. Ella Green Davis, superintendent of nurses at the Owensboro Hospital. Miss Gagg's subject was "Graduate on Special Cases in Institutions," and Mrs. Green's theme was "Pioneer Hospitals." At the afternoon session "The Trained Nurse, an Indispensable Factor in the Crusade for the Betterment of Public Health," was the subject of a paper read by Miss Emma Hunt, a visiting nurse

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under auspices of the Kentucky Anti-tuberculosis Association. She said: "We can no longer confine ourselves to the four walls of the sickroom or the sheltered walls of a hospital, depending on others to lead. The voice of duty is calling the trained nurse to do her share in the rural districts of the State and Nation." Ten names were selected to present to the Governor, from which to make selection for the Board of Nurse Examiners. The nurses were served with a tea at the Berheim Nurses' Home at five o'clock, through the courtesy of Miss Jane W. Barry, superintendent of hospital and nurses, Jewish Hospital, Louisville. At the morning session of Thursday addresses were made by Mrs. H. R. Whiteside, Dr. E. Y. Mullins and Dr. J. A. Stucky, Lexington. Dr. Irvin Abell spoke at the afternoon meeting and Miss Ona Riggs gave a paper on "Points on Private Duty." She said that the most important factor in the welfare of the nurse in private duty was character. In addition to expressing the thanks of the convention to the officers, the speakers, the press and entertainers during the convention, the Resolutions Committee proposed that all State organizations be asked to join in a petition to have the advertisements of correspondence courses in nursing in magazines stopped. Such courses, it was stated, are of little practical value. The resolution was adopted. The election of officers resulted as follows: President, Miss C. C. Collins, of Louisville; first vice-president, Mrs. J. J. Telford, Lexington; Miss Emma Isaacs, Louisville, second vice-president; Miss Mary Alexander, Louisville, recording secretary; Miss Mary Coady, Louisville, corresponding secretary; Miss Katherine Jenkins, treasurer. The next meeting place will be Owensboro. Following the election of officers the delegates attended a theater party given by the Louisville Convention and Publicity League.



Arkansas

The Arkansas State Board of Nurse Examiners met May 11-12, in the rooms of Board of Education at the State Capitol, to hold examinations and transact routine business. Fifty-five applications were in; fifty-three passed the Board, two did not meet the requirements to the satisfaction of the Board. The annual election of officers was held. Miss Menia Tye, president, superintendent Sparks Hospital, Fort Smith, Ark.; Mrs. F. W. Aydlott, secretary-treasurer, 1200 Park Avenue, Little Rock, Ark. Adjourned to meet in October.

The Sisters of St. Vincent's Training School for Nurses, Little Rock, Ark., held graduating exer-

cises in April for the Class of 1914, at which the following young women received diplomas: Johanna Wernner, Mabel L. Lacy, Hazel B. Rogers, Hattie Lee Carder, Katie Hoying, Nell A. Bryant, Gertrude T. Groben.

The Nurses Alumnae Association of St. Vincent's Infirmary had its first meeting February 1 1914. All future meetings will be at the hospital on the first Saturday of every month. The first class of nurses graduated in 1909, and since then St. Vincent's has had sixty-one graduates. About thirty of these nurse in Little Rock and attend the monthly meetings. Miss Hutchinson was elected president for the coming year.

Miss Nell Bryant, a graduate of St. Vincent's Infirmary, has been appointed superintendent of St. Luke's Hospital, Little Rock.



Ohio

The commencement exercises of the Lima Hospital Training School were held in St. Paul's Lutheran Church on Monday evening, May 18. The opening prayer was given by Rev. G. W. Richards, D.D. The class address by Dr. E. G. Burton, M.D., and S. S. Wheeler. Presentation of diplomas by Miss Margaret B. Mateer, superintendent of nurses, and Miss Cora M. Davies, assistant superintendent. Musical selections, both vocal and instrumental were enjoyed. Before presentation of diplomas, the class in concert repeated the Florence Nightingale Pledge. The graduating class was as follows: Margaret B. Stone, May Morrison, Anna E. Kerns, Clara Zimmermen, Catherine Dimond, Sarah Klay, Anna Boegel and Laura Allen.



Wisconsin

The graduating exercises of St. Joseph's Hospital Training School, Milwaukee, were held in lecture room of the hospital on Tuesday, May 26, 5 P.M. The lecture room and dining room were beautifully decorated in class colors, cardinal red and white, and an abundance of red roses (the class flower). Reverend Chaplain of the institution, the doctors composing the lecture staff, the sisters and a large number of relatives and friends of the graduates were present. Program was an interesting one, consisting of music, both instrumental and vocal. The addresses delivered by the Rev. Charles Moulinier and Dr. A. H. Levings, were timely and appropriate, full of encouragement and kind advice for the graduates. Salutatory was delivered by Miss Gladys Browning; Class Prophecy, Miss Margaret Whalen; Class History, Miss Martha Schumacher; Valedictory, Miss



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Clara Wegge; diplomas were presented by Dr. R. H. Levings, president of the training school; *Cla s motto, Semper Fidelis*. Following the exercises a banquet was served in the nurses' dining room. The twenty-seven graduates are: Anna E. Schmidt, Gertrude E. Glas, Gladys E. Browning, Olive M. Strupp, Freda D. Grutzmacher, Frieda A. Detjen, Delia E. Kreutzer, Martha C. Koltes, Carrie E. Larson, Mary A. Nigl, Martha M. Schumacher, Clara W. Lewandoske, Margaret M. Wilson, Clara R. Wegge, Myrtle A. Luedke, Mabelle R. Brooks, Marie H. Nigl, Frances M. Dick, Mary K. Neuberger, Margaret H. Straub, Julia M. Kavanaugh, Emily M. Schmitz, Elsie E. Krueger, Margaret E. Whalen, Caroline Franken, Ethel M. Lerwill and Amy L. Smith.

Michigan

Following are the officers elected at the closing session of the Michigan State Nurses Association at Lansing, May 28. President, Elizabeth Greener, Muskegon; first vice-president, Ida Barrett, Grand Rapids; second vice-president, Elizabeth Parker, Lansing; recording secretary, Mary Welsh, Grand Rapids; corresponding secretary, Jane Pindell, Ann Arbor; treasurer, Josephine Halvorsen, Port Huron; councillors, Mrs. L. E. Gretter, Detroit, and Sarah E. Sly, Birmingham.

California

The following officers were elected at the eleventh annual convention of the California Nurses Association at Sacramento, May 27: Mrs. Amos W. Evans, of Alameda, president; I. Pickhardt, of Pasadena, vice-president; Maybel Wilson, of Sacramento, second vice-president; Clara Saunders, of San Francisco, treasurer, and Mrs. J. H. Taylor, of San Francisco, secretary. Six directors were elected as follows: Mary L. Hall, of Alameda; E. A. Caldwell, of San Francisco; Pearl Kraft, of Fresno; May L. Cole, of San Bernardino and Mesdames L. L. Mitchell and J. C. Pittenger, of Los Angeles. By a vote of 65 to 10 the nurses opposed the proposed universal eight-hour law.

A California correspondent sends us the following from Sacramento: Eight complaints from trained nurses have been filed with the State Labor Bureau for non-payment of wages. Deputy Commissioner Blair states that there is a growing practice among hospitals and physicians of calling nurses to take cases, and making no provision for their payment. "The business on the part of the medical men and hospitals of defrauding nurses is becoming a nuisance," said

Blair. "There is no specific breach of the law where the patient is unable to pay, but the doctors have no right to call nurses on cases where they know they will never get any money without telling the nurses of the conditions. Doctors will hereafter be held liable." Our correspondent asks, "How is this for an independent profession?"



Personal

Miss A. B. Montana has been appointed superintendent of the Miners' Hospital, Frostburg, Md.

Miss Elizabeth O'Keefe, R.N., has been appointed directress at the Passavant Memorial Hospital, Jacksonville, Ill.

Miss Ingeborg Hintze, of Ft. Worth, Tex., is taking a post-graduate course in hospital economics at Grace Hospital, Detroit, Mich., at the close of which she expects to return to Texas to take up hospital work.

Miss Eva C. Thompson, graduate nurse of the Cornwall General Hospital, has been engaged as assistant superintendent at the Alice Hyde Hospital, Malone, N. Y.

Miss A. G. Odell, former superintendent of the Southampton Hospital, has taken the position as superintendent of nurses and superintendent of the hospital department of the Home for Convalescents of New York City.

Miss Maude Hager, who has been superintendent of the Brooks Memorial Hospital, Dunkirk, N. Y., for the last three years, has resigned and has been succeeded by Elizabeth Rodkey, of Knoxville, Tenn.

Miss Anna B. Leggat, superintendent of the Ann May Hospital of Spring Lake, N. J., has tendered her resignation to the official board. Miss Leggat will be married in the near future.

Miss Emma B. Garrup succeeds Miss R. I. Albaugh as superintendent of the Babies Summer Hospital, Hartford, Conn.

Miss Catherine Van Ingen, a trained nurse of Brooklyn, N. Y., was seriously hurt in a collision between the auto-ambulance of the Jewish Hospital and an automobile.

Miss Olive Merkrantz has been appointed head nurse at the Nanticoke, Pa., Hospital.

Puny Children

It is often puzzling to the family physician just what to do for the pale, anemic, apathetic youngster whose nutrition is far below the normal and refuses to react to the routine treatment which is potent in others.

The trouble seems to be, not in the excellent remedies administered, but in the inability of the little patient's digestive organs to take up either food or medicine sufficiently to restore normal metabolic function, and thus assimilate elements of nutritive importance.

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The ***Clinical Record*** for Physicians' bedside use, together with samples of **Grape-Nuts**, **Instant Postum** and **Post Toasties** for personal and clinical examination, will be sent on request to any Physician who has not yet received them.

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Miss Eliza McKnight has been appointed by Dr. Richard H. Harte, the new director of the Department of Health and Charities, Philadelphia, as supervisor of visiting nurses in the Bureau of Health. Miss McKnight resigned as supervising nurse in the Memorial Hospital in Morristown, N. J., which she had held for three years.



Marriages

On May 13, 1914, at Nashville, Tenn., Mary Lilly McNeill, graduate of the James Walker Memorial Hospital, Wilmington, N. C., to Dr. James G. Harrison, chief surgeon at the Monterrey Hospital, Monterrey, Mexico. Dr. and Mrs. Harrison will make their home at Agricola, Ga., until peace is established in Mexico. Miss McNeill was head nurse at the Monterrey Hospital in 1912-'13.

On May 20, 1914, at the home of the bride's parents, Lowville, N. Y., M. Louise Morrison, a graduate of St. Luke's Training School for Nurses, Utica, and recently resigned as superintendent of the Corning Hospital, to Dr. Frederick R. Ford, of Utica. Ida L. Beach, superintendent of the Corning Hospital, was bridesmaid, and the groom was attended by his brother, Prof. Walter Ford, of Cornell University.

On April 8, 1914, at Bentonville, Ark., Lucille Paul, graduate of St. Vincent's Infirmary, Little Rock, Ark., to William Lawrence Hastings. Mr. and Mrs. Hastings will make their home at Corpus Christi, Tex.

On May 15, 1914, at Kalamazoo, Mich., Anna Baareman, graduate of Bronson Hospital Training School, Kalamazoo, Mich., Class of 1914, to Louis Buell, of Osthemo, Mich.

On April 22, 1914, at St. Augustine Church, Kalamazoo, Mich., Julia Redmond, graduate of the Illinois Training School for Nurses, Chicago, Ill., to Edward Kerwin.

On May 25, 1914, at Dawson, Nettie Novota, formerly of New York, to M. Decourcy. Mr. and Mrs. Decourcy, will make their home in Dawson.

On April 30, at Concord, N. H., Mildred L. Hunter to Alton M. Blake.

On May 3, 1914, at Lynn, Mass., Clara Johnson to James P. Linehan.

Virginia Victoria Clary, nurse at the Garrett Hospital, Baltimore, Md., to Charles L. Weaver.

On April 16, 1914, Ethel Nichols to Dr. Eben Winslow Fiske. Dr. and Mrs. Fiske will make their home in Allston, Mass.

On May 6, 1914, Hilda Snow, to George Masters. Mr. and Mrs. Masters will make their home in Middleboro, Mass.

On May 6, 1914, Irene Smith to Mr. Carter, of Cupertino, Cal.

On April 21, at San Diego, Cal., Ida Bogner to Elmer Homer.

Dora E. Essony, Class of 1907, Los Angeles County Hospital, to J. Edmund Jones. Mr. and Mrs. Jones will reside in Oakland, Cal.



Deaths

On May 13, 1914, at the Deaconess Hospital, St. Louis, Mo., Belle May Clemens, a graduate of Rebekah Hospital Training School for Nurses, St. Louis, Mo., Class of 1911. Miss Clemens' death followed an operation for appendicitis.

On May 12, 1914, at Irvington, Ky., Florence Cain, a graduate of Norton Memorial Infirmary, Louisville, Ky.

On May 17, 1914, at Saranac Lake, N. Y., Wilhelmina Murray, treasurer of the Graduate Nurses' Association of Saranac.

On May 20, 1914, at New York City, Ethel Giroux, a resident nurse of the Henry Street Settlement.

On April 29, 1914, at Wall Lake, Iowa, Sadie Barnes, graduate of St. Joseph's Hospital Training School, Sioux City, Iowa.

On May 8, 1914, at St. Joseph's Hospital, Philadelphia, Pa., Catherine Halligan, a graduate of St. Joseph's Hospital Training School for Nurses.

Mary Gausson Du Bois, eighty-two years old, one of the last surviving volunteer nurses at the Hospital for Wounded Soldiers in Baltimore during the Civil War, died May 24 at her home. Hollins, Md.

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Book Reviews

The Junior Nurse. By Charlotte A. Brown R.N., Instructor in the Boston City Hospital; Graduate of the Boston City Hospital and Boston Lying-In Hospital Training Schools for Nurses; late Superintendent of the Hartford Hospital Training School, Hartford, Conn. 12mo, 208 pages, illustrated. Cloth, \$1.50, net.

This book, one of the latest additions to nursing literature, is full of valuable information, which is particularly useful to the beginner, and which is sure to be of service not only throughout the entire course in the training school, but afterwards in actual nursing of any kind. The book is characterized by clearness and simplicity. In the presentation of each topic the clinical features are emphasized throughout. The volume opens with chapters on the Qualifications of the Nurse and her Personal Hygiene, on Bed Making and the Admission of Patients. Then follow discussions of all of those subjects a knowledge of which is necessary for the discharge of the nurse's everyday duties. The sections on Bandaging, on Emergencies and on Infectious and Contagious Diseases are worthy of special attention. A convenient glossary is placed at the end of the volume. The illustrations are extremely helpful, especially those in the section on bandaging.

Miss Brown gives the following advice to those about to enter the profession. She says: "Women whose ambition it is to enter this profession should consider their personal qualifications. The desire to be a nurse, and the willingness to submit to strict discipline and perform hard work, while of utmost importance, is not all that is necessary. There must always be an element of self-sacrifice, effacement, and an appreciation of the seriousness of the work. There is no class of persons who come so close to the tragedies of life as does the nurse; consequently she should be a woman of sterling qualities.

"The qualifications are good health, both physical and moral, and a well-trained mind. Physical efficiency consists of being free from all organic diseases, all infirmities, peculiarities and defects (including enlarged glands, tonsils or adenoids, defective teeth and feet weakened or

broken down); the candidate should be in possession of faultless sight and hearing and sufficient strength and endurance to make the best use of her possessions.

"The mental qualifications are intelligence, common-sense, perception, adaptability, discernment, executive ability, cheerfulness and tact. The last is a rare asset and has been defined as 'not the quality by which you please but by which you seldom offend.' A certain amount of education and mental training is indispensable. This does not necessarily mean a high degree of education, though that is always to be desired, as it is true that the educated woman, who has the power of application, finds in her work much more that is of interest and is able to perform it better, more easily and more understandingly than the woman whose mind is untrained. Mental training is that training received in school, home life or business, which enables one to think for one's self; to be discreet; possess judgment; to be able to observe and study intelligently; to know, instinctively, the right thing to do, or the right decision to make; to know how to receive merited criticism and profit by it.

"The moral qualifications are those of any God-fearing, self-respecting woman. Ethics is that branch of philosophy which deals with human character and conduct so far as they depend upon certain general principles, which include the conception of duty, honor, loyalty, truth, responsibility and justice."



The Care and Feeding of Children. By John Lovett Morse, M.D. Price 50 cents.

This book is Volume I of the Harvard Health Talks. These talks present the substance of some of the public lectures delivered at the Medical School of Harvard University, and aim to provide in easily accessible form, modern and authoritative information on medical subjects of general importance.

The volume under consideration deals with diet in early childhood, special articles of diet, feeding, clothing, exercise and sleep and education.

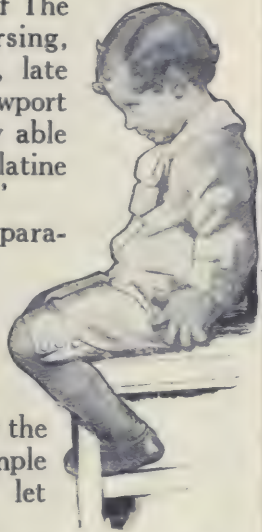
WHY JELL-O IS PREFERRED



In the March number of The American Journal of Nursing, Elisabeth Robinson Scovil, late superintendent of the Newport (R. I.) Hospital, has a very able article on "The Use of Gelatine in Food for the Sick."

In the opening paragraphs Miss Scovil says:

"There is perhaps no single factor in the treatment of the sick as important as proper food. In private duty, the subject is often dismissed by the doctor in attendance with the simple order, 'Give him liquid diet,' or 'Oh! let her have the usual things.'



"It is difficult to vary liquid diet so that the sick person does not get weary of the monotony of the food that must be swallowed. The private nurse who can feed her patient acceptably and, at the same time, judiciously, has a strong claim on the gratitude of the invalid and the family.

"As the case progresses towards convalescence, unless there is a ravenous appetite, it is often difficult to tempt the sufferer to take sufficient nourishment to build up the tissues. Much depends then upon the nurse's ingenuity in preparing and presenting it."

The last sentence is a very important one, and the attention of physicians and nurses is respectfully directed to the difference between the old way of making up palatable dishes for the sick and the easy Jell-O way, the latter being generally adopted by all who are informed regarding it.

To make a fine appetizing dish of Jell-O, it is only necessary to pour the powder into boiling water and cool it, without adding flavoring, sugar or anything else.

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This firm distills its essential oils and puts out an absolutely fine product. For free sample and literature address Grape Capsule Company, 106 Fulton Street, New York City.



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The Sulpho-Naptho Company have decided to change the name of their well-known antiseptic from Sulpho-Napthol to Sylpho Nathol. This is done because it is feared the former name might lead people to suppose the product contained either free sulphur or naphthol sulphonic acid. The name was first chosen because sulphur was used during the process of manufacture. Improved methods, however, have led to the discontinuance of the sulphur process.



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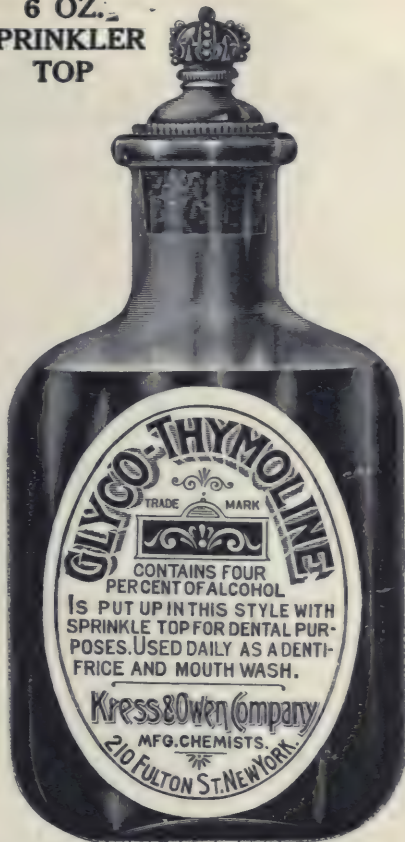
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ments and, in addition, are correct in every little detail.

It is suggested that the nurse send for their neat little summer booklet, showing attractive and practical uniforms, which costs but a post-card request. Just address Hays & Green, 32 West 17th Street, New York City.



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Of Interest to Nurses

Many nurses are prejudiced against ready-made uniforms, because they have found some ready-made garments poorly made, of cheap materials and anything but satisfactory.

It is to interest just such nurses, however, that monthly announcements of "Dix-Make" uniforms are now being made. If you have always had your uniforms made to order, if you are one of those who still believe that you cannot be properly fitted unless first measured—then you are the very one who is invited to inspect a "Dix-Make" uniform. You are invited to examine it closely, to turn it inside out and see how every seam, every buttonhole, every detail is done with care and precision, and you will be agreeably surprised to see how smart and stylish and trim it will look on you.

Your leading store carries "Dix-Make" uniforms. Ask to see them or write to Henry A. Dix & Sons Company for further information.



Sabalol Spray

To describe the complete action of Sabalol Spray would utilize a great deal more space than is here available, but it is significant of its efficiency that those who use it once usually become its strongest advocates. Composed of saw palmetto, eucalyptus, menthol and a benzoinated oily base, not only are the quality and purity of Sabalol Spray exceptional, but from pharmacologic standpoints, it is representative of the highest skill.

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Nurses who suffer with sore hands, due to use of antiseptic solutions, chaps, cracks or any irritations, use "K. Y. Lubricating Jelly." Send post card with name and address to Van Horn & Sawtell, 15-17 East 40th Street, New York, and you will receive a liberal sample free for your test of its wonderful healing properties.

Table of Contents

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	PAGE
HINTS TO THE GRADUATING NURSE.....	<i>John H. W. Rhein, M.D.</i> 65
INDUSTRIES AND AMUSEMENTS.....	<i>Reba G. Cameron, R.N.</i> 69
THE MAKING OF A NURSE TEACHER.....	<i>Charlotte A. Aikens</i> 72
CONCERNING THE TEETH.....	<i>Anne May Sellors, D.D.S.</i> 74
OUR NOBLE CALLING.....	<i>Helen E. Johnston, R.N.</i> 78
CEREBRAL HEMORRHAGE OR APOPLEXY.....	<i>Anne E. Perkins, M.D.</i> 81
THE NURSING OF CHILDREN.....	<i>Minnie Goodnow, R.N., and Zula Pasley, R.N.</i> 84
THE ELEVATED HEAD AND TRUNK POSITION IN THE TREATMENT OF SURGICAL LESIONS OF THE ABDOMEN.....	<i>Russell S. Fowler, M.D., F.A.C.S.</i> 87
HINTS FOR MATERNITY NURSES.....	<i>Amy A. Armour</i> 89
DRUG RASHES AND OTHER ERUPTIONS.....	<i>Maud F. Strong</i> 91
GLEANINGS.....	93
EDITORIALLY SPEAKING.....	96
THE HOSPITAL REVIEW.....	101
THE EDITOR'S LETTER-BOX.....	106
IN THE NURSING WORLD.....	108
BOOK REVIEWS.....	122
NEW REMEDIES AND APPLIANCES.....	124
PUBLISHER'S DESK.....	128

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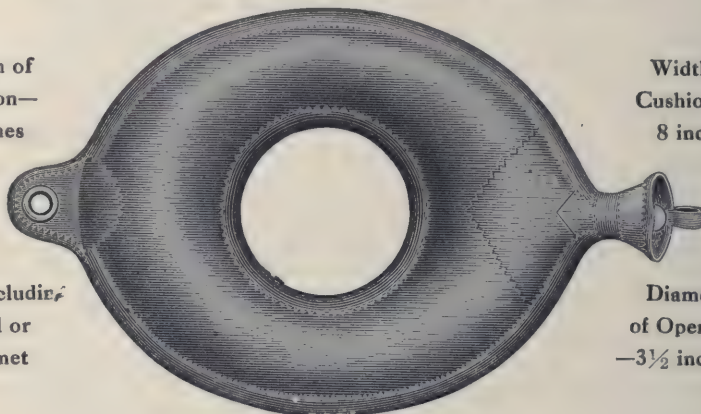
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Cushion—
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Not including
Funnel or
Grommet

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The Trained Nurse and Hospital Review

VOL. LIII.

NEW YORK, AUGUST, 1914

No. 2

Hints to the Graduating Nurse*

JOHN H. W. RHEIN, M.D.

Professor of Diseases of the Mind and Nervous System at the Philadelphia Polyclinic and College for Graduates in Medicine; Neurologist to the Howard Hospital; Visiting Physician to the Philadelphia Home for Incurables, etc.

AT THIS time, when you are about to cast loose from your moorings at the hospital, where for two years you have been guided, trained and supervised from early morn till dewy eve, seven days in the week, fifty-two weeks in the year, and about to go forth into the world to practise your profession, for the first time to be thrown upon your own resources, you should pause for a short space and take an account of stock. You must stop and consider if you are properly equipped to assume the responsibilities which you will be called upon to meet and live up to the trust which will be placed in you, when you are called upon to undertake the care of private patients. By reason of the character of your calling, upon your graduation you will face at once big responsibilities. You may be called upon at the start to nurse a grave case of pneumonia, or a serious case of typhoid fever with threatened perforation, or a case of diphtheria in which the membrane threatens to block the passage of air to the lungs, or a serious case of suicidal melancholia, or what not. You will be expected to be familiar and conversant with the possibilities in these cases and to anticipate as well as to act promptly in the emergency that may arise.

Your future holds for all of you much hidden mystery. During your stay at the hospital you have become accustomed to care for several patients, under the direction of a head nurse, and sharing responsibility with other nurses and superiors. In your private work you will have to confront you the undivided responsibility of one patient in a household with its social complexities, and you will find that the two problems are very different. The new work is fraught with greater difficulties and responsibilities; responsibilities alike to the patient, to the doctor and to the household.

You go into a household which is heavily burdened with the sadness of sickness on the one hand and the added expense entailed on the other, therefore one in which the social atmosphere is unstable. The hand of death may be laid on the baby at its mother's breast or it may beckon the father from his family who are dependent upon him for everything. One moment you may be called upon to rigidly follow the orders of the physician in the effort to save life, the next to lend support and sympathy to Rachel, who is weeping for her children because they are not. When the grim messenger stands by the bedside and taps have

*Delivered to the Graduating Nurses of Howard Hospital, Philadelphia, Pa.

been really sounded, there is a need for qualities of tenderness and little attentions to the patient, that the passage from life to the great unknown, so often painful to witness, and no doubt distressing to experience, may be robbed as much as possible of its distress and suffering. While it is absolutely essential, therefore, that you should invariably nurse with your head, it is as equally important that you should nurse also with your heart. Oliver Wendell Holmes said of one of your profession that "she had that genius of ministrations which is the special province of certain women, marked even among their sisters by a soft, low voice, a quiet footfall, a light hand, a cheering smile, and a ready self-surrender to the objects of their care, which such trifles as their own food, sleep or habits of any kind never presume to interfere with."

Now, at the time of your commencement, I am sure you all look back upon your two years of valued experience with mingled emotions. You have chafed under the discipline of the strict superior; you have felt hopeless, as day after day, perhaps, you have failed to satisfy the ideals of the head nurse; you have almost gone to sleep with well-earned fatigue, as you listen to the lectures of the chiefs after your day's work in the wards; you have felt strange new sensations during your night duty, when everybody was asleep except you and your patient and when you came face to face with loneliness and suffering, and you witnessed the bitter hours of the patient's first night after an operation and learned to know how much comfort the tender hand of the nurse could afford during those long, painful, desperate hours before the daylight comes. Also, you have experienced with wonder the mysteries unfolded to you in the operating room. What has this experience done to your soul? Has it broadened you and softened you, or has it made you indifferent to suffering in others? Have you become callous to the sad sights which were your daily experi-

ences? If the latter, you are not fit for your noble profession or, as Florence Nightingale prefers to call it, your calling.

If, on the other hand, you have learned your lessons well and recognize that, besides knowing how many minims in an ounce, how many grains in a dram, how to prepare normal saline solution, how to give a typhoid a bath, how to prepare your hypodermic or, in other words, when you have learned to do deftly and correctly the bidding of the doctor and *still* realize that this is only a *part* of the makeup of a good nurse and can see clearly that certain qualities of character are as *equally* important, *then* and not till then, in my mind, will you have started aright in your profession.

The qualities of character which I refer to are tact, truthfulness, kindness and common sense. To a lack of appreciation of the value of the first of these many of the failures in nursing are due. It is tactless to talk about other patients. It is tactless to fight with the cook! It is tactless not to reckon wisely with the family of the patient.

I need not discourse on the value of truthfulness and kindness, but I cannot leave the fourth quality of character which I have already mentioned, that is, common sense, without emphasizing the enormous value that this quality has, not only in the handling of the patient but upon his environment—by which I mean the family and the servants. I hear what the family has to say after the nurse leaves: "She was a good nurse, but she needed too much waiting on. She spent too much time over her personal appearance. She upset the kitchen regime. She took no interest in the patient. She was not companionable."

No less important in the makeup of the character of the nurse are the qualities of cheerfulness and good nature. I could write an essay on these subjects alone. They are very good stock in trade for anybody, no matter what his profession or occupation may be, but they are especially useful to the

trained nurse whose atmosphere of work is naturally and habitually more or less depressive. If I didn't want to minimize the financial side of your profession I would say to you that these qualities have a distinct commercial value. For all things being equal, a cheerful and good-natured nurse is the most popular not only with the patient but with the doctor.

Just here let me quote the wise words of Florence Nightingale. She said: "The nurse must have method, self-sacrifice, watchful activity, love of the work, devotion to duty (that is, the service of the good), the courage, the coolness of the soldier, the tenderness of the mother, the absence of the prig (that is, never thinking that she has attained perfection or that there is nothing better). She must have a thrice-fold interest in her work—an intellectual interest in the case, a (much higher) hearty interest in the patient, a technical (practical) interest in the patient's care and cure. She must not look upon patients as made for nurses, but upon nurses as made for patients."

One more piece of advice which should have been given to you, and no doubt has been meted out to you in full measure in your first months of training, and that is to develop your powers of observation. You should practise this daily, not only with your patients but in every phase of life with which you come in contact. Note things which may appear to be unimportant to you at the time as you go along the street or in your walks in the country. Try to note qualities of objects and events. For example, in the country observe the kind of trees, the shape of the leaves, the colors of the skies, the condition of the fields, the habits of birds. Apply this habit of observation to your patients.

Modern methods of diagnosis which rely upon instruments of precision have tended to lower the importance of certain symptoms and signs which meant much to the older physician, who depended more upon

his sense of touch, sight and hearing than upon the instruments which are used nowadays. Learn to study the color, expression of the face, the state of the skin, whether it be moist or cold or dry or warm. Be prepared to make careful observations of any convulsive attack that may occur, or what may happen during a heart attack. It may be that you may be called upon to describe the symptoms that may develop during the course of insanities. The character of the delusion, the actual words that the patient said, should be reported, the expression of the face should be noted, the tone of the voice should be observed.

During your sojourn at the hospital you have been very busy with the routine of training and when at night after class the eyelids were heavy and sleep was upon you, you had no time or strength either to cultivate certain qualities of mind and character which are essential, especially during the care of patients in their convalescence. You must ask yourself now whether you read well and whether your voice is pleasant or not. It is worth while to take some lessons in elocution if not, so that you may train your voice, not only to read but to say what is necessary to say to your patients in a pleasant manner. If you can sing it will give you one more string to your bow. You should learn raffia work, modeling in clay, needlework and painting. All of this is especially necessary if you feel inclined to take up the work of treating nervous cases.

One thing more I wish to speak to you about particularly is the importance of guarding your tongue against discussing other patients or other doctors, also against the temptations of yielding to the importunities of the family to prognosticate. Moreover, you are often introduced to the sacred secrets of the home and you must be very guarded not to be tempted to repeat what you learn while you are a member of the household in a trusted capacity to any one outside or to the next patient.

Finally, there is one thought more that I wish to give you before closing, and that is to impress upon you the value of saving money. You will suddenly begin to make a very good income, and the temptation will be great to spend freely. In many instances I know there will be need of sending some of the earnings home. I have seen over and over again the greatest amount of self-sacrifice among some of the nurses who have worked for me, who have saved nothing, and have arrived at the time when sickness incapacitates them and the rainy day has come without finding anything put by.

My advice is to save monthly by means of building associations, setting aside a definite sum monthly, which you will feel obliged to

meet at certain regular intervals. At the end of eleven or twelve years a saving of \$20 a month means \$4,000, and there will be a certain per cent. of you that will need this at the end of that time, and while some of the nurses drop out of the work because of unfitness, and some marry, there is still another number who continue to nurse for fifteen to twenty years before reaching the age when they become less desirable as nurses and may find the work slacking up.

Finally, let me say, if you have listened, marked and inwardly digested all I have said to you this evening, I shall feel my words have not been spoken in vain. And now, in conclusion, let me wish you with all my heart Godspeed and good luck in your new work.



GRADUATING CLASS WILLIAM BACKUS HOSPITAL, NORWICH, CONNECTICUT

Industries and Amusements

REBA G. CAMERON, R.N.

Superintendent of Nurses and Industrial Teacher in the Taunton State Hospital, Taunton, Mass.

THE development of industries is a subject that has created widespread interest during the past few years, both in hospitals for the insane and among lay people who take it up for pastime or as a means of livelihood. My purpose in this article is to give a brief outline of the work and methods which seem to be productive of the best results, as practised in the Taunton State Hospital.

At the present time 67½ per cent. of all patients are on the working list, and the majority of this number take up industrial work as a matter of choice. Men and women patients are admitted on our receiving wards, and it may be interesting to note that before the end of ten days 50 per cent. of the men patients and 75 per cent. of the women patients are employed at some useful occupation. We feel that the sooner we can get their minds off their own troubles and interest and amuse them, that one-half of the battle is won.

It is not the bright, keen, alert class which takes up all our time, but those who are suffering from chronic maladies and, to my mind, this class requires more care and attention than the acute type, for these, if left to themselves, very soon deteriorate and lapse into a state of indifference and apathy from which it is difficult to arouse them.

We who are acquainted with mental cases can picture any number of these, sitting on benches or settees, gazing into vacancy, before long becoming untidy and careless if left alone without special attention. This class furnishes a large percentage of hospital patients, and if they were taken in time they might become useful helpers in our hospitals, and some might even live outside an institution for a time at least.

The work in this institution includes the following branches: Needlework in all its branches, crocheting and knitting, basketry, raffia, hammered brass and copper, pyrography, leather work, paper work and, in addition, we have an outside shop where the men, under competent supervision, make large hampers and baskets; a broom shop where brooms and brushes of all kinds are made, and a tailoring department where suits are made and repaired, and a mattress shop which turns out all the mattresses used in the institution.

Let us now consider the plan by which the various patients are taught the different branches of work. Personally, I feel that unless one has the cooperation of the nurses on the wards, occupation is uphill work, and it is our aim here to imbue each nurse with the fact that industrial work is of therapeutic value in the treatment and cure of insanity. We have classes for nurses in industrial work as a part of their training, giving them enough lessons in each branch to enable them to oversee the work which is done on the wards, and in this way Nurse A may have a class in basketry on her ward; Nurse B, a class in stippled brass; Nurse C, a class in leather work; Nurse D, a class in paper work, and so on.

The schedule is made out weekly and I arrange the industrial classes with as much regularity as I do the classes and lectures in the school room, and in this way the nurses accept it as a part of their everyday duties. I find it a good plan to drop in frequently to these classes and see that everything is going smoothly, and help out with suggestions and schemes for better work.

Weaving is an industry that is good exercise and is very useful, both from a commer-

cial standpoint and also as a therapeutic measure. I cannot too strongly advise the use of color in all kinds of weaving. Take toweling, for instance, of a dull gray, and imagine a patient weaving yard after yard of this sombre material. It surely must grow monotonous, but if you introduce *color* the scene changes. The patient is anxiously looking forward to the time when he has enough of the gray woven to insert the color, and in these days when one can get such good dyes, there is positively no excuse for weaving 999 yards of gray material minus any color.

In all institutions I presume it is the same in regard to keeping down expense and utilizing all sorts of material possible. Formerly, we thought our old burlap bags were not of much service, but in the last few years we have changed our minds. The bags are washed and taken on the wards. They are first raveled and the strands tied by demented patients. Another class of patients joins six or seven strands and twists them together on a spinning wheel. The material is then colored with Diamond Dyes and the better class of patients weave it into rugs, thus giving employment to several classes of patients out of material that we formerly regarded as being useless. The rugs are bright colored and the majority of people think they are more attractive than the ordinary rag rugs.

Leather work seems to be quite popular with both men and women patients. When we first introduced leather work, we did so with some trepidation, as we did not know or realize how useful an occupation it might prove. After giving it a fair trial of two years, I have no hesitation in saying that it is one of the most useful occupations that we have in our hospital. Book covers are especially attractive, and a patient can design and color a book cover in an afternoon. Bags of all kinds, magazine holders, corners for blotters, portfolios, table covers, etc., can be made, and the small bits may be

utilized for baby booties, card cases, purses, pen wipers, needle books, stamp books and endless different ways. For the designs we use the old seed catalogues that are issued by the various nurseries. Leather work forms a good opportunity for art expression and is excellent for training the hand and eye.

Brass and copper appeals particularly to patients, and from a commercial standpoint it pays over and over again, as it is easily disposed of, especially during the holiday season. We make brass desk sets, blotters, picture frames, fern dishes, jardinières, waste baskets and large dining-room domes, besides a lot of small articles which we give out to patients who are just beginning to take up the work.

Patchwork classes are splendid for certain kinds of patients and also a very useful occupation. The instructor can have, say, six or eight patients put to work, one to cut out and the rest to piece together. Patchwork quilts and puffs are quite a feature of our industrial work here and last year 350 puffs were manufactured during the year.

Basketry is always attractive and so many styles and shapes can be made that one cannot begin to describe the many and varied designs possible in this handicraft. It has the advantage, also, that very few tools are needed and is an inexpensive industry. We find it a good plan to let the patients experiment with shapes and styles after they once learn the craft, and they turn out some very creditable work, indeed.

The large bushel and half-bushel baskets and hampers made by the men are very strong and serviceable. They are made of oak, and it may be interesting to note that the material is cut down by the men patients on our own land, and finally the finished product is the result.

The shoe shop is our oldest industry and gives employment to a large number of male patients. The shop is in charge of a competent man who thoroughly understands the

business and who instructs the patients along this line of work.

The moccasins worn by all the patients, both men and women, are manufactured in this department. also all the heavy boots worn by those who work on the farm. Repairing is also a feature and employees find it a great convenience to have their boots and shoes mended in the hospital at a very moderate cost.

Paper work is excellent for any class of patients. The better class may be instructed in the making of paper flowers of all kinds, and even the demented type of patients can be taught how to make paper chains for Christmas decorations out of colored paper and a little mucilage or glue. Paper work appeals to the majority of patients, and here again is where color attracts, cheers and helps. Frequently a patient is admitted who already knows how to do some line of paper work, and it pleases the patient to get a class ready and ask her to be instructor.

Pyrography is an industry that the better class of patients enjoy. It is not practical, however, for patients who are at all disturbed, as the risk from fire must always be borne in mind, and this line of work must be carefully supervised. I have found that when patients are tired of doing needle work, basketry or other ordinary lines, they turn in delight to a class of wood burning, and as such useful articles can be produced from this craft it is not a useless industry.

Leakage must always be carefully looked after in industrial work, and everything possible utilized. A store room is indispensable and all scraps and left-overs can be used up from time to time, if they are saved until needed. I find it a good plan to personally attend to the cutting out of various articles, such as silk, leather, etc., where one might get a perceptible leakage if left to an inexperienced person.

Some of the methods used to encourage patients to take up work might be interest-

ing to workers who are just beginning occupational therapy.

At the present time we have arranged for a doll contest, which bids fair to be quite successful. Patients wishing to enter the contest have sent in their names, and the dolls with materials to dress them have been given out. The patients will have one month to complete the work. They can be dressed as elaborately or as plainly as they choose to make them, and when all the dolls are called in, prizes will be awarded to the ones who show the best work. The committee of awards are disinterested persons who will judge the work without showing any partiality.

Tea parties for the women and also for the infirm men have been quite popular. These are given from time to time, and anywhere from twelve to twenty patients are entertained. Frequently we plan on having an industrial class, say in basketry, from 2.00 to 3.30, and serve coffee and cake after the class is over.

Whist parties are enjoyed by all who play the game, and these can be so arranged on the wards and have some light refreshment served, and once in a while we have a whist party on a large scale in the assembly room, chapel or entertainment hall where such amusements are held.

A candy pull for the patients is excellent fun if one has a large range where a number can gather and each try her luck at making some variety of candy, and they return to their respective wards in excellent spirits, and, of course, bearing a good-sized box of candy to treat their friends.

Picnics in the summer are always enjoyed, and every Saturday afternoon during the hot weather we have a picnic and entertain about two hundred patients each week. We serve sandwiches, coffee, ice cream and cake.

In closing, I would say that I do not believe that any industry can be called useless, and none can be classed as expensive if used from a therapeutic standpoint.

The Making of a Nurse Teacher

CHARLOTTE A. AIKENS

ARTICLE IV

ONE of the secrets of successful teaching of nurses or of any other class of students, is *repetition*. There is so much in hospital life to distract and confuse, that few lessons are learned by "*once telling*." We start out with high ideals. We are determined to have obedience, believing, as we do, that obedience is one of the cardinal virtues in a nurse. We will show a probationer *once* how to do this or that, and we will expect her ever after to do it exactly as we showed her. We will tell a pupil nurse *once* that she must do this, and must not do that, and in the beginning we are foolish enough to think she will do as we wish, as a result of having told her *once*. We only need a few weeks' or months' responsibility as a nurse teacher to convince us that human beings, nurses especially, are not trained quite so easily as we imagined. Some of them may occasionally remember a thing because we told them *once*, but most of them will not. We may even, at first, inwardly resolve that the probationer or nurse who doesn't do as she is told, after being told once, will be dismissed—that *disobedience is one of the things that cannot be tolerated*.

But, as we grow in experience we also grow in patience—wisdom, too, as a rule. We realize that we might have probationers going and coming all the time, if we carried out our ideal of "*once telling*." And we have no guarantee that the girl from Kelly's Junction, whose application we have, is any more likely to obey or learn after once telling than the girl who is now on probation and has disappointed us. So by experience and by degrees, we come to the place which other educators have long since reached, when they saw and emphasized the necessity of

repetition in the teaching and training process.

We learn, after a while, that the pupil is not always to blame because she did not retain the thing we tried to teach her. We find out, quite frequently, if we study our methods and try to improve them, that we ourselves, clever as we are, did not make the point quite clear, and we did not properly emphasize it. A little time spent in teaching not only how a thing must be done, but why it must be done in that way and not some other way, is usually time well spent. We often fail to make the impression because we did not properly emphasize the importance of the method or principle we were trying to teach.

Another point to be remembered is that the lesson must be taught when a pupil's mind is not distracted by things foreign to the subject. He must be primarily interested in the thing we are trying to teach him or the chances are that he will forget it very quickly.

The state of the body also has a good deal to do with our ability to fix things in the memory. Fatigue renders all of our minds sluggish and we often expect more from pupils than we should, when we try to teach after a hard day's work. There are certain lessons which we may wisely review frequently all through a nurse's course—the precautions to be used in giving medicines is one illustration of the need of repetition. Every nurse is supposed to be taught those precautions before she is allowed to give medicines, yet the frequent mistakes that occur show clearly that though nurses may have been taught this lesson they have not really learned it. It is our business as

teachers to see that what we have tried to teach has been actually learned; for *teaching is not merely telling—it is causing another to know*. Let us be sure that our attempts at teaching are not merely telling.

The review should be an important part of our teaching methods. Its object is not a stuffing or cramming of the material studied. It should rather be a test of thoroughness. It should result in connecting and fixing permanently in the mind the material we have been studying. It is well, therefore, in preparing our schedules to allow time for reviews at least each three months, and still better to plan our class work so that at each lesson period, we can spend a few minutes at the beginning in reviewing the important points in the previous lesson. A wise and successful teacher once said that if his class periods were one hour he would spend at least ten minutes in the beginning in reviewing the previous lesson and ten minutes at the close in going over with the class the lesson assigned for the coming week. The written monthly review does much to make the final examinations less formidable.

GOOD ANSWERS

How many nurse teachers who ask questions are able themselves to analyze a good answer and tell what its elements are? Yet this question of what constitutes a good answer is one that is well worthy of study and discussion. One of the common failings of nurses is to either fail to read the question carefully or to wander far from the question in their answers. They tell a lot of things not asked, but neglect to answer the thing that is asked. An important part of the early teaching of nurses should be the method to be used in answering questions in general; and perhaps more needed is definite instruction in *how not to answer* questions. A good answer will show clearness of thought about the subject; it will be expressed in

clear, concise, definite language, with due consideration of proper space and economy of time and language. The reason why many nurses fail to properly answer questions is because they do not take time to properly read and grasp the question. They may perhaps be asked to outline the nursing management of a particular case or condition. Instead of telling the practical things which should be done and the points to be guarded, they launch out into a description of the symptoms and the complications and the surgical treatment necessary when a certain complication does occur. Or perhaps they are asked how they would prepare the patient for a normal labor, and devote most of their answer to telling how they would get the room and bed ready, etc. Such blunders would not occur so frequently if the elements of a good answer and *what not to do* when answering questions were properly taught to pupils and repeated till every pupil had really grasped the points which make the difference between a good and a poor answer. One of the best ways to do this is to take the papers or some typical questions after a written review or examination, and show the defects in the answers.

SUGGESTIONS FOR CONSIDERATION

Why is repetition an important feature in teaching?

What is the difference between telling and teaching?

Show why the pupil is not always to blame for not grasping at once the thought we are trying to convey.

What are some common causes of failure in methods of teaching in a school of nursing?

Of what value is the review in our teaching methods?

What are the elements of a good answer?

Mention some frequent causes for failure to answer correctly, when the pupil really knew the answer.

Concerning the Teeth

ANNE MAY SELLORS, D.D.S.

THE awakening of the general public to the fact that the condition of the teeth and the surrounding parts bears an intimate relation to the general health, makes it absolutely necessary for a nurse to be able to answer intelligently at least some of the questions which she will be asked from time to time.

The young mother will want to know when her baby will cut its first tooth and the proper time for it to get the rest. Then some mother will want to know when her baby will lose its teeth, how many teeth it will have in its first set, and so on.

Just when a baby will cut its first tooth cannot be definitely stated. Sometimes a baby will be born with one or more teeth erupted. This is a rare occurrence and if such a case comes under the care of a nurse she should be careful when cleansing the mouth, as the teeth have as yet no roots and are easily dislodged from the jaw. Their loss would result in a certain amount of deformity. The first teeth are necessary to the development of the jaw for the permanent denture. Each deciduous tooth should be retained till it is time for the appearance of the permanent one which is to take its place. Their premature loss might retard the development of the jaw and cause some of the permanent ones to erupt out of their natural position.

Normally the first tooth may be looked for about the fifth or sixth month after birth. The lower central incisors usually make their appearance first; next comes the upper central incisors.

After the central incisors are in place the baby will have a rest for three or four months before the lateral incisors appear, which will probably be when the baby is nine or ten months old. If the first dentition is follow-

ing a normal course, the next tooth will be the first deciduous molar. This will be about the time the baby is having its first birthday.

This first birthday will probably find the baby the possessor of six teeth in each jaw. These will be the central incisors, the lateral incisors and the first molars. This will leave four teeth (belonging to the deciduous set) to be erupted. The cuspid tooth comes next, between the lateral incisor and first molar, on each side, in the upper and the lower jaw. The second molar comes in back of the first molar and is the last of the deciduous set. The cuspid may appear about the fourteenth month and the second molar from the eighteenth to twenty-fifth month.

This is the time the teeth normally appear. They may erupt before the time stated or they may erupt somewhat later. The normal time may elapse between the eruption of each tooth or they may erupt in quick succession. One fact should be kept firmly in mind, and that is that all the deciduous teeth will be in place before the baby is three years old. Any teeth which erupt after that will belong to the permanent set, and they should not be allowed to decay. Much confusion often arises in the mind of the mother concerning the six-year molar. The deciduous teeth are beginning to be shed about the time it appears, and as it appears just behind the second deciduous molar, it is often supposed to be a deciduous tooth, and the mother thinks it will be lost and a new one will come in its place. The confusion arises from the fact that no tooth is lost to give place to it and hence the parents think it is a deciduous tooth.

The first set of teeth are ten in number in each jaw, the permanent teeth are sixteen in number in each jaw; therefore three teeth

on each side erupt without having been preceded by temporary teeth.

These temporary teeth are developed from a ridge of epithelium which appears along the upper border of what is to be the future jaw. From the inner surface of this ridge ten follicles are given off and are deflected inward. This occurs about the seventh week of fetal life. It is from this epithelial follicle that the enamel organ is formed. A papilla arises in the submucous tissue, directly under the enamel organ. It enlarges and meets the enamel organ, which grows down over it. This will be the future dentine. About the tenth week the papilla will have assumed the form of the future tooth. About the fourteenth week the dental follicles are completed and enclosed in the dental sac. While this has been progressing a groove has appeared in the jawbone, in which the follicles will rest. In the beginning this is a simple groove, but as the tooth follicles grow septa will begin to appear between the follicles. This bony growth develops till it covers all the surfaces of the roots and the spaces between. This is the alveolar process, and is what is sometimes broken when a tooth is extracted. Its function is to hold the teeth firm in the jaw, and when the teeth are lost, its function is gone and nature removes the greater portion of it.

Considered as a whole, the teeth are divided into three parts—crown, neck, root.

The different tissues of the teeth are the enamel, dentine, cementum, pulp and peridental membrane. The enamel forms the outer covering of the crown or the portion below the gum line. The cementum covers the root portion, or the part above the gum line and the dentine composes the body of the tooth and contains the pulp. The pulp chamber occupies the central part of the tooth and in outline it conforms to the shape of the tooth. The peridental membrane covers the root and lines the tooth socket. Its function is to prevent shocks

to the tooth and assist in holding the tooth in place.

The enamel is derived from the epithelial tissue and forms a cap over the dentine. When calcified it is composed of numerous hexagonal prisms, which are at right angles to the long axis of the tooth. These are known as enamel rods. These enamel rods sit on end against the dentine depressions in the surface of the dentine receiving the ends of the rods. The rods are held together by a cement substance.

The bulk of the tooth is composed of dentine. It is a trifle harder than bone, which it resembles. Unlike enamel, dentine has an organic matrix. Fine canals pass from the surface of the matrix to the pulp. These are known as the dentinal tubules; they contain solid elastic fibers, which extend from the pulp through the tubules to the surface of the dentine.

The dental pulp is the formative organ of the dentine. It is composed of a matrix containing connective fibers and numerous nucleated cells, blood vessels and nerves. The blood vessels and nerves enter the pulp cavity through the apical foramen at the end of the root, and are distributed to every part of the pulp.

Calcification is a deposit of lime salts in the teeth. It commences on the cutting edge of the teeth. The enamel commences to calcify on the inner surface first and proceeds to the outer surface. The dentine begins to calcify on the outer surface at its junction with the enamel and proceeds toward the pulp. The calcification of the dentine continues through life, in old age the pulp chamber and root canal being sometimes almost wholly obliterated.

The teeth begin to calcify about the fourth month of fetal life. At birth the crowns of the six anterior teeth are two-thirds calcified, and calcification has begun in the molars. Six months later, when the first teeth erupt, the crowns of all the teeth will be calcified and also parts of the roots of

the six anterior teeth. Before the end of the second year all roots of the deciduous teeth will be fully formed and the teeth can be treated and filled, like those of the permanent set. This condition will continue for about three years, when decalcification will commence. This begins at the apex of the root.

After decalcification commences it takes about three years for it to complete its work. The time the roots remain fully calcified is important, for during that time the roots of the temporary teeth can be treated and filled, like the permanent teeth. After decalcification has commenced this cannot be done.

As all the roots of the deciduous teeth are fully formed and the apical foramen established by the end of the second year, it follows that it will be safe to treat and fill the roots up to within three years of the time we normally expect them to be lost.

The teeth are lost in the same order in which they erupt. The central incisors first, about the sixth or seventh year. The roots of these remain fully calcified from the second to nearly the fourth year. The lateral incisors are erupted from the seventh to the ninth year and decalcification will begin about the fifth year.

The first temporary molar is shed from the ninth to the eleventh year, and it will be replaced by the first bicuspid of the permanent set. The second molar goes next, about the eleventh or twelfth year, and is replaced by the second bicuspid.

The root of the first temporary molar begins to decalcify in the sixth year and the second temporary molar in the ninth year. From the age of two and one-half years up to that time these teeth can be treated like the permanent teeth. The cuspids are usually the last to be lost and are replaced by the permanent cuspids. The roots of the deciduous cuspids remain fully formed up to the ninth year, when decalcification begins, and continues till the twelfth year, when they are lost.

It is important that the temporary teeth be kept filled, if they decay, for the sake of the health of the child. The child needs its teeth to masticate its food, and no mouth can be kept clean which is filled with decayed teeth.

The world is beginning to realize that good health and an attractive personality are the most valuable legacies a parent can leave to a child. In a great measure the parents are responsible for both. Cavities in the teeth are lodging places for food, which putrefies and gives off bad odors. Exposed nerves are painful and prevent thorough mastication of the food. Alveolar abscess is liable to develop on teeth which are neglected. A flow of pus into the mouth pollutes the food and is liable to destroy the enamel on the permanent tooth coming down to take its place above it. These are a few of the reasons the temporary teeth should receive attention.

When an alveolar abscess develops on a temporary tooth decalcification of the root ceases and it may not loosen when it is time for the permanent tooth to erupt. The permanent tooth may be deflected in its course and erupt out of its natural position.

Teeth are more susceptible to decay in childhood than in later years, because the changes taking place then cause congestion of the gums. While this unavoidable inflammatory condition exists, which is usually from the fifth to the fifteenth year, and in infancy, while the deciduous teeth are erupting, special attention should be given to cleansing the teeth and gums of all food substances after each meal. Nothing should be left in the mouth to ferment, for the conditions which favor fermentation and the growth of bacteria are there. Right here I want to say a word about the tooth brush. Do not attempt to cleanse the mouth with a dirty tooth brush. The tooth brush should be well washed each time it is used, and if septic conditions exist in the mouth it should be boiled.

The eruption of the teeth is normally a physiological and not a pathological process, but the process may become pathological.

The erupting teeth make pressure on the tissues overlying them, causing their absorption. Any irritation to the tissues causes the blood to rush in to remove the irritant. We then have the evidences of inflammation—heat, redness, pain and swelling. Pressure on the gums will for a time relieve the pain. It does so because it checks the flow of blood to the part, and hence teething rings in a piece of ice tied in a napkin will afford temporary relief. They lessen the blood supply mechanically and the cold causes the contraction of the blood vessels. Besides, the hyperemia of the gums, there may be reflex disturbance. The salivary glands are stimulated and there is an increased flow of saliva. Disturbances in the alimentary tract and in the central nervous system belong to pathological dentition. Physiological dentition calls for no interference, but precautions should be taken to prevent pathological conditions.

The increased heat favors the growth of bacteria and their products pass into the alimentary tract and produce intestinal disturbance. If in spite of all that can be done to prevent the development of pathological conditions, they do appear, steps must be promptly taken to relieve the alarming symptoms as they appear. A physiologic condition becomes pathologic when the physiologic symptoms become exaggerated, and there are mental and alimentary disturbances. When there is much swelling of the gums free lancing is indicated. A laxative to relieve the bowels of all accumulated matter should be given. If diarrhea is present, do not give medicines to check it till the bowel has been relieved of all poisonous matter. A dose of castor oil is probably the best remedy that can be administered in this condition. After the oil has acted on bowels then remedies to check the diarrhea may be

given. When nervous symptoms appear, place the child's feet and limbs in water as warm as can be borne and call a physician, for this condition calls for prompt attention. Sometimes nervous symptoms develop when there are apparent symptoms of inflammation or irritation. If it is time for the eruption of one or more teeth and the gums are hard and white, the disturbance may be caused by the teeth being held down by tense gum tissue. This causes reflex disturbance; lancing in this condition will afford immediate relief.

The eruption of the permanent teeth is not accompanied by the disturbance attending the coming of the deciduous teeth. Like the temporary teeth, the roots are only partially calcified when erupted. The time the roots will be completely calcified is approximately as follows: Central incisors, 10 to 11 years; lateral incisors, 10 to 11 years; cuspids, 12th to 13th year; first bicuspid, 11th to 12th year; 2d bicuspid, 11th to 12th year; first molar, 9th to 10th year; second molar 16th to 18th year; third molar, 18th to 20th year. It will be noticed that the cuspid is the only tooth which is fully calcified when it is erupted.

The single-rooted teeth are the incisors, cuspids and bicuspids, except the first superior bicuspid, which in 80 per cent. of cases has two roots. The first and second inferior molars have each two roots—one anterior and one posterior root. The first and second superior molars have three roots, one palatal and two buccal. The third molars or the "wisdom" teeth do not manifest the same regularity in their root formation as the other teeth. The three molars do not follow the loss of any deciduous teeth, the first molar coming in at the age of six years before any of the deciduous teeth are lost.

The temporary molars are succeeded by the bicuspids of the permanent set. The second molar comes back of the first molar about the same time as the permanent cuspid. These three teeth on each side, which

erupt posterior to the deciduous teeth above and below, increase the number of the teeth from ten in the temporary set in each jaw to sixteen in each jaw in the permanent set.

Irregularity is one of the most serious complications attending the eruption of the permanent teeth. This is a time when the advice of a dentist should be frequently sought.

All cavities should be filled as soon as they develop, for the pulps are large, and if decay is permitted to remain the pulp will soon become involved. This is a calamity, for when the pulp is removed the tooth often discolours.

This is an age when the very best is demanded of every man and woman. Parents should be educated to give their children the most perfect development mentally, morally and physically of which those children are capable. Good teeth add to personal appearance. Clean teeth, free from decay, are an aid to digestion, and good digestion makes strong bodies. Strong bodies are necessary to a high type of mental and moral development. The nurse should make herself capable of doing well her part in the great effort to lift humanity up to a happier plane than that on which it has been content to dwell.

Our Noble Calling

HELEN E. JOHNSTON, R.N.

WAS there ever a class of people so praised and so criticized as trained nurses? For the praise we are grateful. Being human we like it, and for the same reason we do not take so kindly to criticism. But both praise and criticism are apt to be too extreme. We are either lauded beyond our merits or set down as an unprincipled, mercenary, careless lot, with the Nightingale spirit long dead within us.

A friend recently told me with horror in her eyes that she had just had a trained nurse who had actually spilled olive oil on her bath room rug and the spots would not come out. "Why," said she, "I, who have never been in a hospital, used it myself for weeks without spilling a drop!" Alas for that nurse! Of what use has her training been to her if she occasionally spills olive oil? As long as the bath room rug exists in

that home the name of nurse will not mean the sweet-faced, ministering angel, the tower of strength, the kindly presence. No, it suggests but one thing—unremovable, unfadable, unpardonable spots!

Such criticisms are legion. Too often the slightest shortcoming meets with undeserved and unreasonable censure. By some patients a mark on the bed is remembered much longer than weeks of faithful care and untiring service. But I am not at present going to try to defend our own cause, because it seems to me that too many of us are not so much impressed by our critics' scorn of us as by our admirers' commendation. As a class, I think, we are prone to be too well satisfied with ourselves. We grow spoiled with praise. We rather expect to be congratulated on choosing such a "noble calling," and upon our pluck and persever-

ance. When we leave a case the patient weeps and the family crowd about us, expressing undying gratitude, and we like it. They say that they do not know how they could have managed without us. We believe them and fairly drink in their words, with the deepest of satisfaction, while we feel little halos forming about our heads. But when we are in this exalted frame of mind, let us come back to earth and remind ourselves that the family would be saying the same things, the patient weeping the same tears, if Sarah Jones or Jane Smith were leaving. The sick recovered before we were born.

I thoroughly admire enthusiasm in any work, but that is very different from complacency, and the utter complacency of some nurses is almost unbelievable. Says one calmly, "Dr. B.——always wants me; he often waits a day for me rather than have any one else," or "Mrs. J.——says that no nurse ever came into her family who made so little trouble and managed so well as I." Another boasts, "I certainly have had wonderful success with pneumonia cases. It's quite remarkable. Oh, no, I never have to register."

My own advent into the nursing world was not very long ago. Doctors are not clamoring for my services; in fact, they seem blissfully ignorant of my existence. I do have to register. So it may be that the grapes are very sour. But aren't such remarks a little beneath the dignity of our profession?

Many of the letters in our nursing magazines reek with self-commendation. We are told by one nurse of the failures of her predecessor and how she stepped in and saved the day; by another of her infinite tact with a fussy mother and interfering aunt. Yet another writes of such great and undying love of her work that eight-hour duty seems criminal to her and twenty-four hours almost too short. Not long ago a nurse said to me, after a long and detailed account

of recovery after recovery due to her timely services, "I have never lost a case," and waited expectantly for applause. I could only gaze at her in silent awe and think, sadly, "Oh, if we only all could be like her, death would soon be vanquished!"

I do not wish to belittle the greatness of our work, but simply to emphasize how silly it is to magnify our virtues. We are in danger of being so blinded by the glamor of gratitude and appreciation that we cannot see ourselves as we really are. There is no great merit in doing our best, for certainly if we do not we are unworthy of the name of nurse.

Some of us even look back upon our training as a time when for the sake of our high calling we laid aside the pomps and vanities of a wicked world and joined the noble army of martyrs. During that time we were so praised by our friends for our perseverance, our bravery, that we truly felt when we had finished we should hear, "Hail the conquering hero comes." I should be the last person to assert that a girl who has endured three years of hospital discipline has not gone far toward earning a golden crown. We probably all still bear some scars of those years which, when inflicted, may have been good for the soul, but were most galling to the spirit. Yet I doubt if we accepted our lot with deep and fitting resignation. We did not rejoice in correction for the sake of being better nurses. So we must admit if there was any martyrdom it was an enforced rather than a willing one.

There isn't one of us who would be a nurse if she did not, on the whole, enjoy it. So we need not feel especially virtuous. Of course we all work like slaves over very sick patients. But there is a fascination about it. We simply cannot help working. Our fighting blood is "up." What, in one sense, is unflinching faithfulness is also only an effort to win. Winning is what we all want and love.

Some of us fairly weep righteous, self-

pitying tears at the recollection of our hard lot, our noble self-sacrifices. We have probably all slept on little sofas so short that our feet dangled from the end; we have all eaten in kitchens thick with flies and greasy odors. We have lost nights of sleep and suffered days of fatigue. But has it always been from pure love of the work or because once on the ground the ignominy of retreat would have been too disgraceful? It is strange how readily we adjust ourselves after such cases to the sort where we read and embroider and go automobiling. But then adaptability is one of our desirable qualifications!

Cheerfulness is another of our much-lauded virtues. But who among us feels so very cheerful as she crawls out of her cot on a cold winter night to fill a hot water bag or get a glass of water? We may come forth to our patient smilingly, though with chattering teeth, but inwardly we loathe it. We are pleasant about it because we have to be, not because we feel pleasantness radiating from our nursing loving souls. No one would employ a grumpy nurse. Is it then so noble to smile?

I suspect, too, the amount of courage we possess is somewhat exaggerated. I am not ignoring the truly brave things nurses have done and are doing, the diseases they face, the dangers into which they willingly run, even at the risk of their own lives. But I think most of us experience some genuine inward shakings over small as well as great perils. We undergo the fears and qualms of other human beings. We are startled by strange sounds at night. We are glad to see daylight come when we have sat through the long night watches. We have learned

to control outward signs of fear because we have been forced to do so. On a recent case I was considered plucky because I slept with a child on an open veranda, alone on a lonely country road. But secretly I knew it was not the heart of a heroine that beat most violently at the sound of every passerby. In my training I was taught, "A good nurse is never afraid." I have changed that axiom to "A good nurse never acts afraid." I believe that either I am right or there are very few good nurses.

When we are registered "in" (those of us who are unfortunate enough to be obliged to occasionally register) and the days flit by and the calls come not, is that longing for work prompted entirely by love of it? Is that frenzied desire to be up and doing, that eagerness to heal the sick, that intent listening for summons to soothe the fevered brow all due to the fires of zeal in good works burning within us? Or do the ghosts of room rent due, of unpaid board bills and the thought of that gown we planned to buy, that trip we meant to take, give just a little zest to our ambitions as we wait for the tingle of the telephone bell?

We have great work to do, which it is our duty to do well, but nevertheless we are human, very human, with human desires and faults. If we have put ourselves upon pedestals or allowed our friends to place us there let us descend. Let us be genuine and not satisfied with ourselves as we are, but keep growing in our work until we can overcome criticism and be worthy of praise, not spoiled by it. May we "have no miserable aims that end in self." May we possess the nursing spirit, but not be overbalanced by it. Let R.N. mean for us "real nurse."

Cerebral Hemorrhage or Apoplexy

ANNE E. PERKINS, M. D.

CEREBRAL hemorrhage is due to the rupture of an artery in the brain, generally owing to disease of the cerebral vessels. The size of the clot may vary very much; when small, the paralysis may be slight and transitory. There may be merely oozing or a clot large enough to fill a hemisphere of the brain. The amount of paralysis depends on the location and size of the clot.

The blood supply of the brain is through the well-known circle of Willis at the base of the brain, with central arteries passing from it and the first portion of the cerebral artery or cortical group, the anterior middle and posterior cerebral.

The arteries in the brain terminate in branches which do not anastomose, and hence the failure to supply that portion of the brain after an artery bursts; absorption of the clot is all that can be hoped for.

In the majority of cases cerebral hemorrhage is from the central branches, more especially those from the middle cerebral in the anterior spaces, going to supply the parts of the brain known as *corpora striata* and internal capsules, and one is called the artery of cerebral hemorrhage, because over 60 per cent. of hemorrhages are from it.

Autopsy often reveals such hardened, calcified arteries of the brain that they are literally like pipe stems. It is easy to see how increase of blood pressure by excitement, strenuous exercise, etc., can cause a blood vessel to burst. Arterio-sclerosis may be general or chiefly in the brain, and is more common after the age of fifty and in men than women. It is aggravated by the use of alcoholics, though this is not the causative factor it was formerly thought to be, as many total abstainers are arterio-sclerotic. This hardening is frequent in heavy eaters,

in farmers or those who do too prolonged hard work and over-exert themselves.

The old term "apoplectic habitus" was applied to those with red faces, short necks and general obesity, but such are no more liable to cerebral hemorrhage than a thin, pale individual. Syphilis is the exciting cause in most cases below forty or forty-five. Chronic lead poisoning, gout, endocarditis of rheumatism, fevers, as typhoid, etc., are common causes of brittle arteries, as well as changes in the walls due to old age. "A man is as old as his arteries" is true. With arterio-sclerosis come renal changes and hypertrophy of the heart, with a high blood pressure. Many a man dies as the result of immoderate eating at a banquet or because he hurried to catch a train. Heredity is important as a causative factor. Some families have four or five members attacked.

The hemorrhage may be into the brain substance or merely a meningeal hemorrhage. The latter may occur from a fractured skull by accident, or from instrumental deliveries in the new-born. The subsequent changes may be a secondary degeneration, a cyst or pigmented scar, or a dark, inflamed area.

It will be remembered that the right side of the brain controls the left side of the body and the left side of the brain controls the right side of the body. One familiar with the motor centers can approximately locate the clot often. Motor centers are along the fissures of Rolando near the top of the head; the highest are centers for movements of legs, then of body and arms and lowest for face. Destruction or injury of these leads to paralysis, permanent or temporary. We speak of paralysis of one side as hemiplegia, of lower half of body as paraplegia, of one extremity as monoplegia.

The symptoms are generally sudden, without premonition, the person being seized while apparently in full health or about his work. There may be headache or bad feelings in the head, ringing in the ears, malaise and numbness or tingling in the affected side, with perhaps some disturbance of vision. There may be a gradual paralysis without unconsciousness, or the patient may wake from sleep to find himself paralyzed. In a typical attack, the patient falls to the ground unconscious, cannot be aroused, face is flushed, cyanosed or very pale, pupils inactive, usually dilated, sometimes unequally contracted, pulse slow and full, with increased tension, temperature normal or sub-normal; forty-eight hours later it goes up gradually, higher on the affected side because of vasomotor disturbance. Respiration is slow, noisy, stertorous, maybe Cheyne-Stokes, and the cheeks puff out with each expiration. There is often involuntary urination and defecation. The affected arm and leg "drop dead" and turn in or out flaccidly, later the arm and hand contract and may be drawn up against chest. The head and eyes are often turned towards the side of the hemorrhage.

The hemiplegia is complete when the face, arm and leg are involved, partial when only one or two. Facial paralysis of the side affected is noticeable; there is thick, indistinct speech. The arm is more affected than the leg; the chest and abdominal muscles not involved. There may be slight sensory disturbance or marked numbness, later a feeling as if the leg and arm were "asleep." Old people often have a slight hemiplegia, with no actual loss of consciousness, or simply what appears like a fainting attack. The leg may be dragged or arm and hand incapable of gripping firmly afterwards.

After an attack of cerebral hemorrhage there may be marked constitutional disturbances, and for one week to two months an inflammatory reaction, during which the patient may die, may be delirious or have a

return of the coma. Unless the paralysis has improved within a month or six weeks, the prognosis is poor for recovery of the use of the side. The leg and face recover before the arm. The reflexes are first abolished, then return first on the non-paralyzed side, later—perhaps several weeks—return to the paralyzed side, increased, with perhaps an ankle clonus and Babinski. The ankle clonus is demonstrated by suddenly and forcibly extending the relaxed foot toward the shin, when a prolonged tremor appears.

The Babinski reflex is simply the extension of the great toe when the sole is gently stroked on that side, instead of its flexion. Secondary symptoms may be trophic changes, as bedsores and vesicles or congestion of the lungs. If recovery does not take place there are likely to be secondary contractures, worse in the arm, accompanied by pain; the knees flex, toes drag and there is some atrophy. Power of speech may not be regained and permanent aphasia, motor or sensory, when the patient has word deafness or is unable to mention objects, though he recognizes them. If a tune is sung he cannot say what it is, but if several are mentioned will nod and smile when the right one is reached. If given a thimble a woman will put it on the correct finger and go through motions of sewing, though she is unable to give its name. Some have an inability to write, others can write names they cannot speak.

Emotional disturbances are common and the patient easily cries, is depressed, discouraged, irritable and peevish; shows some mental weakness and instability, and a loss of memory and confusion of thought, worse after waking. A certain number develop insanity, known as psychosis, accompanying other brain diseases, cerebral arteriosclerosis.

The nursing care of a case is, of course, important. The first impulse is to stimulate when one sees a person unconscious and helpless. But this should never be done by

any one but a physician, unless the pulse is alarming, for rest is imperative and increasing the heart action will raise blood pressure in the arteries and cause further hemorrhage. Absolute rest in bed, with moderate elevation of the head and shoulders, ice to the head, hot water bag to the feet, and turning on the unaffected side, are all that the nurse should do until the doctor comes. Keeping the patient off the paralyzed side is important, because it is likely to break down. If allowed to lie constantly on the back congestion of the lungs may develop. The affected side may be wrapped in flannel, but hot-water bottles must be most cautiously applied, as owing to unconsciousness and faulty innervation, the patient may be seriously burned. Mucus is wiped from the mouth and an enema given. The physician will probably give a drop or two of Croton oil, well back on the tongue, in glycerine, sugar or olive oil. The bowels and kidneys must be carefully watched; if constipated, straining will result. The bladder often has to be catheterized to prevent cystitis, and there is an almost constant dribble which may be from an overflow, and causes bed-sores. The bed must be kept dry and smooth. After ten days, if there is no further hemorrhage, the paralyzed side should be rubbed or massaged toward the body, once or twice a day. Keep out visitors and family who would cause mental excitement, emotion or discouragement. The patient and relatives will anxiously question the nurse as to the restoration of the use of the arm and leg. Neither encourage unduly nor discourage; tell them that the physician can tell best as to this and that some time must

of necessity elapse before the patient regains the use of it. Enjoin patience and be as cheerful as possible. Be very careful not to say anything, even in a whisper, in the patient's room, which would be discouraging. Although unable to speak, many hear what should not be spoken in their presence.

It must always be recalled by nurses that the nerves cross at the base of the brain, and when the right side of the brain is injured or diseased, it is the left side of the body which is paralyzed, and vice versa.

Such patients are very dependent on their nurses, often childishly so, and feel keenly any impatience or lack of tact.

The care of a chronic hemiplegic is likely to be very trying, and the nurse's ingenuity and patience are taxed to the utmost to amuse and cheer such a patient. The nights are likely to be broken by requests to be helped up or turned, and all that many of these patients seem to realize is their own helplessness. Card playing and reading aloud help to pass the time. Considerable pleasure may be derived from journeys in a wheel chair and many devices may be employed to interest the patient. A book rest when one cannot hold a book is helpful. Many enjoy being wheeled where there is a beautiful view, or watch for hours some object of nature, especially birds. In one of John Burroughs' books there are letters from a woman in the West who made many valuable and interesting observations on birds by having unlimited time to watch their nesting habits. Every effort should be made to cultivate outside interests, as such patients tend to grow narrow, gloomy and introspective.

The Nursing of Children

MINNIE GOODNOW, R.N., AND ZULA PASLEY, R.N.

CHAPTER XI

NERVOUS CONDITIONS AND DISEASES OF THE NERVOUS SYSTEM

CHILDREN have a very delicately balanced nervous system, a fact all too little regarded by parents, teachers and nurses. Seemingly small causes may produce grave results, and these results vary all the way from simple nervousness to the most critical nervous diseases. Heredity is doubtless responsible for a good deal in these troubles, but environment is after all the more powerful in the majority of cases.

If a child is nervous, in the popular sense of the term, it is important to find out the cause. This is unquestionably the physician's province, but he must be assisted in it largely by the nurse.

Some nervous conditions are inherited; this inheritance may be the result of bad physical or mental habits or lack of self-control along any line. Inherited or acquired syphilis often has a degenerative effect upon the child's nervous system.

A diseased condition of the eyes will produce nervousness in a child. Or the trouble may be a sequence of earlier diseases, fevers, contagious diseases, nephritis, rheumatism or early malnutrition, or even over-exposure to extremes of heat or cold. A child who is in school may break down nervously from the forcing system employed at school, or from worry for fear he may not "pass."

A child born with perfectly steady nerves may become a nervous wreck simply by living with persons who lack self-control. Or the foundation of the trouble may lie in the child's treatment during the first few weeks or months of life. Unnecessary handling, rocking, "showing off" or much talking to may, any or all, be responsible for the development of nervousness. Forcing a

child's mental processes in any way is harmful; it may be done in attempts to make the child talk or express himself in other ways, by too long or too early stories, too early study, etc. A child's animal existence should be made the chief concern for as many years as need be to establish perfect health. The mental development will usually take care of itself, and even if a trifle late may be only the more vigorous therefor.

Probably one of the most important principles in the treatment of nervous children is that they should not, under any circumstances, hear a hint of the fact that they are nervous. It takes a surprisingly short time for a child to learn to demand sympathy for trifling ailments or for "nerves," and the results are most disastrous. Even real illness should be made as little of as is consistent with proper care.

The nurse who does not honestly love children and to a degree understand them, should not undertake the care or nursing of a nervous child. She must be able to enter into his plays, to exercise great patience and gentleness. High-strung children respond beautifully to real sympathy and love, and develop charm and sweetness of character under the right treatment. Suggestion, always positive in character, can be used to great advantage.

For a child who has uncontrollable fits of temper there is little to be done at the time, except to keep him from injuring brother, sister or playmate, restraining him forcibly if necessary. When the paroxysm of anger is over, and he is ready to sit in your lap (you must not be too starchy and immaculate to be inviting), have a little heart-to-

heart talk, telling him gently how ugly the whole thing is. Try to arouse in him a wish to get the better of these spells. If the little talks do not help as much as could be desired, try letting him alone after he has been naughty. Do not play with or talk to him. The average child will feel this treatment keenly, understand it and in a short time say he is sorry.

There are many stories which may be read to a child to help to create in him a desire to rule himself. The "Little Colonel" series is excellent. "The Twins and Why," by Thompson, is also good. The librarian of your public library will suggest others. Much patience and some wisdom must be exercised by the nurse if she is really to help a nervous child to recover.

Diet is of paramount importance in the care of nervous children. The doctor's orders are to be followed carefully, to be sure, but often those orders are simply, "Feed him carefully." Children whose nutrition is not good sometimes need as many as five meals a day. They must be simple and should be served at regular hours. The diet which gives energy and endurance is chiefly meat, eggs and milk. Upon these articles as a foundation many variations may be built up. A good cook book and a little ingenuity will do much. There are all sorts of egg and milk dishes to be made, and even such simple things as milk toast, bread and milk, egg nog, oyster soup, etc., are frequently acceptable. Children do not demand the variety which grown persons do. Green vegetables are always allowable and help out a great deal; they give variety and are in themselves wholesome and desirable.

Daily Routine is of special value in nervous cases. Meals at regular hours, a special time for a nap, a certain number of hours out of doors, and an exact bedtime are really easier as well as better than haphazard planning.

The daily cool sponge bath should be

given in the morning before breakfast. If the child chills or complains of the cold water, it may be made tepid, care being taken that the invigorating effect is not lost. If the child objects to baths, find out what the reason is and take steps to overcome it. Toy boats to be sailed while the bath goes on, stories of naval battles with the toys for illustrations for boys, or tales of ocean trips for the girls, or any play which can be connected with the bath, will make the child help to forget that he is doing a duty, and it may become a pleasure.

Out-of-doors must be made interesting, so that the child will want to be out pretty constantly. A little garden can be made a source of the purest pleasure; it matters very little whether flowers or vegetables be grown. Flowers may be examined and their names learned. Trees may be studied. Most children, except very tiny ones, find great interest in the habits of birds. A gentle horse is a godsend. A tent to play house in, a swing for repeated short pastime, or other simple and not too strenuous apparatus should be provided. The right sort of playmates are the best of all. If the nurse is not familiar with out-of-door life, this will be an excellent time for her to gain some valuable information. There are so many books to be had which help one to know about outdoor things, and some one can always be found, by searching, who knows Nature's ways. The education afforded by these things is worth something, the health gained more.

Modern modes of living tend to muscular degeneration, both in young and old. The city child has not a chance for proper play, and tends always to flabby muscle, flat chest and general poor development; this physical condition relaxes the will power, and tends to nervousness and lack of self-control. Frequently the solution of the difficulty lies in a good gymnasium and a skilled trainer. The desire to keep up to the class standard in physique, the wish to do a certain "stunt,"

the delight of contest in a game, or the joy of team play, should all be considered, and the child given his chance at them. A proper course in physical training, bringing the boy or girl to proper symmetry of body, a quickened brain and a stimulated will power, invariably means resistance to disease and the decrease of nervousness.

Nervous conditions manifest themselves in many very definite ways, and each must be dealt with in a particular fashion.

Nightmare is persistent in some children. It may take the form of a vague dream of some evil influence which pursues, or may be something more defined, the child waking in terror and being hard to reassure of the unreality of his experience. Diligent search should be made for the underlying cause of this trouble. It may be due to disturbed digestion from heavy food, to malnutrition, to adenoids, to enlarged tonsils, or may even be an accompaniment of epilepsy. These cases tend to recover, but everything should be done to hasten the work.

Hysteria is not uncommon in children, and is not to be neglected. Mobius defines it as "a state in which ideas control the body and produce morbid changes in its functions." In children it may be due to bad inheritance, faulty education, mental shock, or an injury of some sort. It may be due to attempting to frighten a child into obedience, and he may never be able to entirely overcome some manifestation of it.

Treatment is mainly mental, with special attention given to the correction of any

accompanying physical ills. A change of environment and contact with a new set of people often does wonders. For serious cases, it may be necessary to consult a nerve specialist.

Chorea, or St. Vitus' dance, is a condition characterized by local or general involuntary and irregular twitching of the muscles or by incoordinate movements. It may follow any period of depressed vitality, may be due to heredity, to fright, worry, an injury, excitement, etc. It occurs most commonly between the ages of six and sixteen. The attacks may vary all the way from those which involve one limb to those in which the face, all the limbs and practically the whole body is affected. These patients are very sensitive and the movements become more pronounced when they are observed. Voluntary movements are uncertain and jerky, and the patient may be unable to hold things securely in his hand. The speech may be affected. Lack of concentration and irritability of temper are characteristic. The more severe the case the greater will be the mental disturbance. In some instances the movements continue during sleep. In extreme cases, the pulse may be weak and rapid, and there may be some danger of paralysis.

These cases may last a few weeks or a few months. They tend always to recover. Real consideration, proper and happy environment are the most important factors in the treatment. Nutritious food, moderate exercise and an outdoor life are necessary. As little notice as possible should be taken of the nervous manifestations.

Miss Mabel Carney has been appointed to train the high-school pupils of Minnesota to teach in the rural schools of the State. This appointment marks the first recognition of a woman in the inspection and supervision department of the Minnesota High School Board. About \$105,000 has been appropriated for the work.

The Elevated Head and Trunk Position in the Treatment of Surgical Lesions of the Abdomen*

RUSSELL S. FOWLER, M.D., F.A.C.S

THE statement has been made on numerous occasions that the so-called Fowler position now so commonly used after abdominal operations, has saved hundreds of lives every year. In the article which follows, a portion of which only is presented, Dr. Russell S. Fowler discusses some of the reasons for and results from the use of this posture:

The treatment of peritonitis is based on our knowledge of the septic origin of the disease, and the recognition of the fact that its chief danger consists in the absorption of the toxic products of the septic processes, rather than in a spread of the inflammation itself. Measures to provide for the safe elimination of these products, therefore, form the most rational therapeutic indications, says Dr. Fowler.

Infection of the lymph channels causes lymphangitis, and this in turn leads to the formation of lymph thrombi and consequent obliteration. In localities where the lymph channels are large, absorption occurs before the lymph channels can be obliterated, and the organism becomes overwhelmed. In the case of the smaller lymph channels and the capillary network of absorbents such as exist in the pelvic peritoneum, the obliterating process takes place with comparative rapidity and the safety of the organism is correspondingly assured.

The indications for treatment, therefore, are first, measures to remove the septic material from the peritoneal cavity; second, methods to favor the passage of whatever of this material there is still remaining, or which may subsequently occur, away from the dangerous diaphragmatic and intestinal areas and into the cavity of the pelvis, where

the anatomic and physiologic conditions are such as to render its presence comparatively harmless, thereby to provide for the escape of the infectious products therefrom.

In carrying out the first of these indications the rapid removal of the infectious focus is essential. This must be done as rapidly as possible and with little disturbance of the peritoneum, in order to avoid causing more rapid absorption.

The second indication is fulfilled by taking advantage of the force of gravity. There is normally a force in the peritoneal cavity which carries fluids and foreign particles toward the diaphragm, regardless of posture, though gravity may greatly favor or retard the current. To further the force of gravity and to counteract the force exerted by the diaphragm in attracting infectious material to its own neighborhood, the plan of placing the patient in the elevated head and trunk position, in order to facilitate the passage of fluids from the abdominal areas to the pelvis, is of value. The head of the bed is raised so that its plane is from 12 to 24 inches above the horizontal. The patient is prevented from slipping down in the bed by a large folded pillow placed beneath the flexed knees and resting against the thighs and buttocks. The pillow is prevented from slipping by a strong bandage passed through the folded portion and secured to the frame of the bed at its sides. The elevated head and trunk position offers the additional advantages of assisting materially in relieving the nausea and vomiting, and of favoring peristalsis and the relief of distention by the passage of flatus.

Thirdly, drainage is provided for by a large glass tube carried to the deeper portion

*Abstract from a paper in *N. Y. State Journal of Medicine*.

of the pelvic cavity, and a strip of gauze or wicking in the tube, placed therein for the purpose of favoring the escape of the contents by capillarity. The tube is aspirated every few hours with a pipet or a small syringe having a short piece of rubber tubing attached and the drainage strip renewed. To avoid undue pressure the projecting end of the tube should not be included in the binder which secures the dressings of the abdominal wound, but should be dressed separately.

Arising out of the use of this position in diffuse septic peritonitis, it has been found useful in other conditions and has been used in several thousand cases of other abdominal lesions.

In the after treatment of operations upon the upper abdomen the use of the elevated head and trunk position insures a simpler after course than if the patient is kept flat. There is distinctly less reaction; the stomach empties itself more easily into the intestine, respiration is easier, pulmonary complications are not so frequent. The patient is very much more comfortable.

After operations in elderly people too

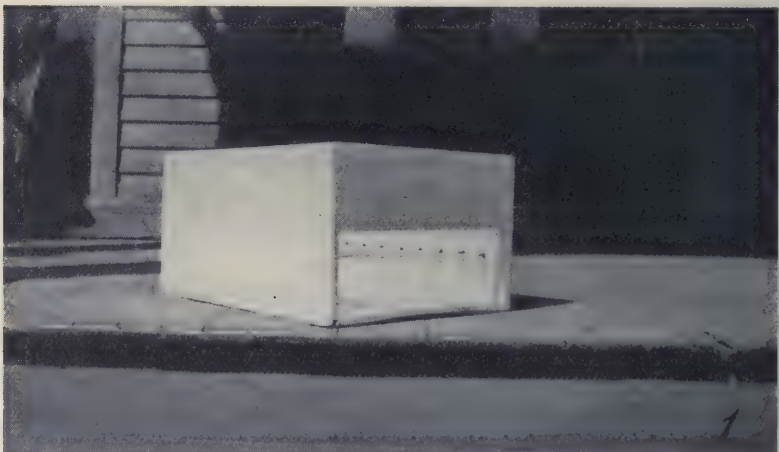
weak to be sat up in bed, its use has lessened post-operative and hypostatic pneumonia.

In the treatment of fracture of the neck of the femur in elderly people, its use has seemed to be followed by more rapid union, while pneumonia, formerly a common complication of such fractures, is now rarely seen.

In pelvic infections it has taken the place of the older methods by operation in the early stages of inflammation.

In no case in our experience has phlebitis of the lower limbs resulted. Nor has a single case of dilatation of the stomach and duodenum been observed.

Summary—The indications for the employment of the elevated head and trunk position are: First, to lessen the rapidity of the absorption of septic products by retarding the normal intra-peritoneal wave toward the diaphragm. Second, to relieve diaphragmatic pressure and favor normal respiration. Third, to promote normal peristalsis, both stomach and intestinal. Fourth, to localize or prevent the spread of infective processes in the pelvis.



IMPROVISED INCUBATOR

Hints for Maternity Nurses

AMY A. ARMOUR

Superintendent New Rochelle Hospital, New Rochelle, N. Y.

IMPROVISED INCUBATOR

WHEN a nurse suddenly learns that she must prepare to care for a premature birth, she can quickly give some member of the patient's family the following directions:

Take an ordinary soap box and knock one end out, gently, since they are rather flimsily constructed. Remove the lower half of the end, and put the upper half in place again, nailing a couple of strips, made out of the discarded piece, at the bottom or sides, to make stout support.

Inside the box, and *above* this opening, all the way around, screw in two dozen little brass picture hooks, eight at each side, and four at each end; crossing in both directions, string these with the family ball of twine, which is found in every well-regulated household.

Underneath this quickly lay four hot water bottles with covers, and fill at 120°, but only about two cupfuls of water in each, or an electric warming pad, or bricks baked in the oven, or a warm stove lid on an asbestos mat, but do not let the box stand

on a rubber sheet in any bed, since the continuous heat will soon destroy it.

On the cord lay a pad, then the premature infant wrapped *closely* in cotton, and old, soft blankets. In one corner of the box, near his head, hang a wall thermometer to show the temperature of his air.

Over the box lay a soft piece of blanket, leaving a vent at the head equal in space to the open, uncovered end at the bottom, for free passage of cool, fresh air which is to be heated, then rising about him.

If the hot water bottles are regularly shifted and changed, the box can be kept at 90°, with the surrounding air at 60°.

The child need not be much disturbed. His surroundings are more natural and his air much purer than in many expensive incubators on the market, which cannot be had in an emergency or on any short notice.

The box can be easily carried around, and is very simple in device. Children thrive remarkably well in these boxes. I have had three going at once in our private corridor, with three interested young fathers getting





suggestions from facetious office friends to name the occupants Pearlline or Sapolio.

LEAD NIPPLE SHIELDS

We may take a leaf out of the English nurses' books in caring for the breasts during obstetrical work. The ounce of prevention is worth many pounds of cure, in this painful condition, where the most delicate tender gland is newly engorged, then bitten and chewed by a heedless young animal with frightful regularity, without sign of respite, for nine long months.

It is not necessary, usually, to tamper with the nipples before the puerperium. As soon as the mother is delivered and her abdominal binder put on, cleanse the nipples gently with ether on fine cotton, followed by boric acid. Then lay on the lead nipple shields, sterilized by boiling, keeping them in place with a snug breast binder, which, if hand-made and fitted, serves to support the breasts and equalize the pressure from the flow of new milk.

These hat-shaped discs are soft and smooth, without holes. They are not to

nurse through. The milk oozing from the ducts forms with the lead a solution called lactate of lead, which is healing to abraded surfaces, and, better still, when put on promptly, prevents abrasions.

Each time the infant nurses the binder is opened on the shoulder, the shield removed, washed and boiled, the breast cleansed with 2 per cent. boric acid on cotton. Nurses must not melt the shields by letting them boil dry. There is no danger of lead poisoning to the infant, if the usual precautions for cleanliness are taken. Every obstetrical nurse should carry a pair of shields in her bag. A few hospitals in New York State are already using them as routine, and have a clean slate as far as concerns complications of the breasts—no pain, no mastitis, no chills, no screams when massaged, no unhappy mothers ruefully anticipating every two hours what they were disappointed in finding a most unpleasant sensation. Mothers, especially those multiparæ who had unfortunate early experiences, sing the praises of these shields to all their friends who may soon be undergoing a similar ordeal.

Drug Rashes and Other Eruptions

MAUD F. STRONG

FEW complications occurring in the course of a disease cause more perplexity and almost consternation at the beginning than does the unexpected appearance of a rash. If it occurs in a hospital ward, the consternation is apt to be decidedly disturbing. Having had two or three attacks of unaccountable "rashes" myself, I have less fear of them than I otherwise would. On one occasion, when I seemed perfectly well, I awoke one morning with a well-developed rash, resembling measles. It extended all over the body, but seemed especially abundant on the face. There were no other symptoms except a slight feeling of giddiness and some loss of appetite. The doctor gave me a mixture containing a good deal of rhubarb. Whether the medicine had anything to do with it or not the rash faded away about the third day. What caused it I never knew nor what to call it.

On one or two other occasions I have had a similar experience—once when I was suffering from a mild dysentery. In the latter case it undoubtedly was caused by disturbance in the digestive tract.

Because of these and other experiences I have been specially interested in the matter of unusual rashes. In one case which caused a good deal of excitement in the hospital, the rash very closely resembled smallpox—indeed, was at first pronounced smallpox. The patient had been suffering from typhoid fever, running a temperature of from 102° F. to 104° F. The rash first appeared on the forehead and wrists, then extended to the arms, chest and back, being especially prominent on the arms and back. A few spots were seen on the thighs. It seemed to have no appreciable effect on the temperature. The patient, who was in a semi-private ward, was, of course, promptly

isolated and rigid quarantine measures instituted. After four or five days of anxious waiting, much consultation and a splendid scare all around, the rash was pronounced a "septic rash" and the rigid quarantine was abolished.

On another occasion, a patient who had had an operation for the removal of hemorrhoids and a trachelorrhaphy, developed, the day after the operation, a rash resembling scarlet fever. There was no special rise of temperature beyond the slight post-operative rise which is so common, and there were no other symptoms, such as to arouse suspicion. The nurses were quite alarmed—more so than was the patient. It appeared that she had been given the evening before, hypodermically, one-eighth grain of morphine. She evidently had a special idiosyncrasy regarding opium and told us that from a child she had never been able to take the slightest amount of it without a rash following it.

A rash now familiarly known as an "enema rash" often develops following a large enema in which hard soap or turpentine have been freely used. This also is probably due more to idiosyncrasy than to the material used. This rash often resembles hives in appearance.

A skin eruption often follows the administration of diphtheria anti-toxin.

Gould & Pyle's Pocket Cyclopedia states that "the most important drugs causing eruptions are antifebrin, antipyrin, arsenic, belladonna, bromides, chloral hydrate, cubebs, copaiba, digitalis, iodides, mercurials, morphine, quinine, salicylic acid, strychnine and turpentine." If every nurse could keep this list in mind, it might often be of service in allaying anxiety when an unexpected rash appears.



MISS LINDA RICHARDS, MEMBERS OF STAFF AND GRADUATING CLASS OF NURSES, BUTLER HOSPITAL, PROVIDENCE, R. I. (See page 110)

Gleanings

Physical Therapy at Mt. Sinai Hospital Dispensary

Comparatively few people know of the splendid work being done in the Physical Therapy Department at Mt. Sinai Hospital Dispensary.

This department was opened about three and a half years ago, when, owing to the generosity of Mrs. George Blumenthal, a set of Dr. Tyrnauer's dry, hot-air machines were installed. Some six months later Dr. Heinrich Wolf accepted the position of chief of the clinic; it is through his clever organization, together with the enthusiastic cooperation of another doctor and a graduate nurse, the Mt. Sinai Physical Therapy Department of today stands unique in the completeness of its treatments.

There is only one other institution (a private one) in New York which has the combined advantages of massage, hot air process and electrotherapy.

The second and third therapeutic measures may almost be termed auxiliaries of the first, for it is mainly from massage the good results are achieved.

On an average from seven hundred to eight hundred treatments are given monthly, including cases of fracture, cellulitis, arthritis, chronic rheumatism, sprain, dislocation, lumbago, sciatica, flat-foot, thrombosis, constipation, synovitis, bursitis, neuritis, many forms of paralysis and countless post-operative troubles.

Three of the most general types or cases will serve to illustrate what is being done daily.

1. *Cellulitis*—A hopeless-looking hand, without shape and incapable of motion, is carefully wrapped up in cotton wool, covered with a padded glove (owing to impeded

circulation these cases easily burn) and baked at a low temperature for twenty minutes. This softens the tissues and promotes circulation. After following this treatment two or three days the baking can be increased to thirty minutes and gentle, passive motion applied. As the tissues respond, stronger movements are indicated, which, if skillfully given, will prevent adhesions and consequent deformity. In four weeks a useful hand will result and the owner transformed from a miserable being to a grateful man or woman.

2. *Colles Fracture*—A new, simple fracture, after being immobilized for about three days, is treated with light massage and later with passive movements of wrist, fingers and forearm—special attention being paid to supination and pronation. If the wrist proves very painful on motion a starch bandage is applied after each treatment, until the joint connection grows stronger; the action of the fingers is left free. In this, as in the majority of cases where massage is used, there is absolutely no need to cause the patient pain through treatment; rightly administered massage is a gradual, gentle process which leads the tissues back to doing their natural work. To quote Dr. Heinrich Wolf, "Pain is the body's own protection against injury," and he strongly impresses this on those who assist him. In an old fracture a certain amount of pain is unavoidable, and here baking is also indicated; by softening the tissues it makes the massage more effectual and lessens the discomfort.

3. *Chronic Rheumatism*—Numberless working men and women are incapacitated through this complaint. Their condition does not warrant admission to a hospital, but it is severe enough to cause them nerve-

racking pain in both muscles and joints, thereby making work impossible. The afflicted part is subjected to the hot-air treatment and massage applied in such a way as to gradually penetrate the deepest tissues. By so doing, the vascular system is stimulated to throw off waste matter and improve nutrition. In many instances the patients have been completely cured and all have obtained relief.

There is no useless expenditure of doctors' or patients' time in treating these various cases, as it is a recognized fact in the administration of physical therapeutics that if the patient does not respond to a treatment after the first or second application it is a positive indication for the employment of a different remedial agent. In conclusion, a word must be said of the bright and cheerful atmosphere which pervades this Physical Therapy Clinic. No ailment is too petty or complaint too trivial but what it receives due consideration, and, when possible, remedy. The spirit of "charity bestowed" is noticeably absent. Many really look forward to their daily treatment for, besides the actual treatment, there awaits them a real welcome and a sympathetic ear ready for their hundred-and-one troubles, half of which vanish in the telling.

The repeated visits paid by discharged patients testify to the warm corners they keep in their hearts for the Physical Therapy Department of Mt. Sinai Hospital Dispensary.—*The Mt. Sinai Alumnae News*.



Treatment of Night Terrors

That more than half of all cases of night terror in children are of toxic origin is stated by Cornby in *Bulletin Medical*. Auto-intoxication from the gastrointestinal tract should especially be thought of, gastric motor atony and constipation being frequently associated conditions. Alternating diarrhea and constipation due to enteritis are also often met with, and in the treatment

it is of great importance to correct any existing dietetic errors, e.g., excess of food, coarse and indigestible food, rapid eating, unduly large fluid intake or the use of excitants, such as alcohol and coffee. At the evening meal milk, water or some simple, bland infusion should alone be permitted.

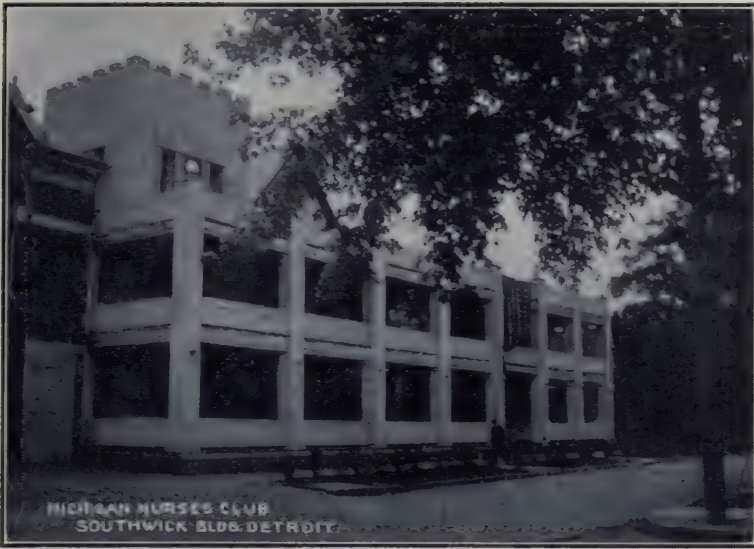
Reflex causes, such as ascarides or pinworms, adenoid growths, hypertrophied tonsils, hernia—especially umbilical—and occasionally phimosis or testicular ectopy, should likewise be sought, and corrected if found. Simon laid stress on three possible causes of night terrors: (1) Congenital syphilis, yielding to antiluetic remedies; (2) attenuated forms of malaria, in which case arsenic and quinine are to be used; (3) inherited gouty tendency, in the presence of which a lacto-vegetarian diet and at times small doses of colchicum give excellent results.

Nervousness predisposing to night terrors can best be dealt with by administering tepid baths before bedtime, at least two hours after supper. Exciting stories or fatiguing occupations in the evening are to be prohibited. Pillows containing horse-hair are to be preferred to those stuffed with feathers. Placing powdered camphor under the bolster appears at times to be useful.



Adulteration of Turpentine

As the result of an investigation by the United States Department of Agriculture, it has been found that the adulteration of turpentine with mineral oils is so widespread that druggists and manufacturers of pharmaceutical products and grocers' sundries used for medicinal and veterinary purposes should exercise special caution in purchasing turpentine. Those who use turpentine for this purpose, unless they are careful, run the risk of obtaining an adulterated article and unnecessarily laying themselves open to prosecution under the Food and Drugs Act.



SINGLE ROOM AND PRIVATE BATH



AN APARTMENT



ONE OF THE PRIVATE BATHS

(See Page 118)

Editorially Speaking

The American Hospital Association

Never has there been a finer or more practical program prepared for the convention of the American Hospital Association than will be given this year in St. Paul, Minn. It seems as if practically every phase of hospital work is to come up for discussion—hospital construction, medical organization, training of nurses, nursing for people of moderate means, efficiency in hospital nursing, social service in a coal and iron corporation, clinical records, hospital housekeeping, ambulance service, raising hospital funds, advertising hospitals, the hospital without a staff, domestic management of small hospitals, preventive work in hospitals and patient work, legislation relating to hospitals, and a variety of other good features will be presented for discussion.

Dr. Charles H. Mayo, of Rochester, Minn., will speak on "The Hospital as an Educational Institution." A number of the convention visitors are planning to visit the Mayo clinics at Rochester before returning.

The non-commercial exhibit will be as interesting as it always is. The commercial exhibit will be arranged in the convention hotel and it is expected will be a very valuable feature.

The round table conference for small hospitals gives opportunity for informal discussion that is always much appreciated.

The hospital people of Minneapolis and St. Paul are leaving nothing undone that will add to the comfort of the convention visitors. The convention train, which has been planned to leave Chicago at midnight, August 23, will make possible some delightful acquaintances and exchange of experiences.

There are no finer people in America today

than the men and women who are carrying hospital burdens and giving their best efforts to the working out of hospital problems. We know that you will be well repaid for attending the convention and join with the local committee and officers in urging you to make your plans to attend. Reduced rates can be obtained on most of the railways if the trip is completed during August.



Anti-Typhoid Vaccination

It is stated that considerable stir has been caused in hospital circles in France on account of a decision that hospital internes and nurses must submit to vaccination against typhoid and enteric fever. Many complain that this treatment is unsatisfactory, and even dangerous. In answer to this, Professor Vincent, the military physician, explains that such cases are due to a failure to vaccinate previous to exposure to infection or to the vaccination of unsuitable persons. He says that over 200,000 soldiers have been vaccinated by his method with successful results, and that typhoid epidemics have been arrested at Avignon, Marseilles, Montauban and Tours.

Professor Chantemesse, the inventor of the alternative method of vaccination by means of treated injections, is equally optimistic, giving figures to prove the success of his process. In 1912 he treated 2,600 soldiers—of whom none died—while among 60,000 untreated there were 174 deaths from typhoid. In the navy 4,600 were treated, and none died. Among 66,000 untreated there were 40 deaths.

Finally, his method has been used throughout the French possessions for the last fifteen years with no single consequent death.

In the *Medical Record* for May 16, 1914, Dr. W. Gilman Thompson cites three cases of typhoid fever occurring in patients vaccinated against the disease, the illness developing within a few months after the vaccination. The April, 1914, number of the *Post-Graduate*, Dr. John W. Brannan, of New York, gives an interesting description of his experience and that of others, with inoculation of anti-typhoid vaccine among the nurses and internes of various hospitals. He says:

"Anti-typhoid inoculation has been carried on for several years in the hospitals of Massachusetts. Two men, Richardson and Spooner, began inoculating the nurses in Massachusetts General Hospital four years ago. They had previously collected figures and had found that for some ten years back there had been from two to six nurses each year in that hospital who had typhoid. Since they have been inoculating, no nurses have contracted the disease, although there has been about the same amount in the wards.

"In 1912 inoculation was begun in the training school at Bellevue Hospital. In the first year after the experiment I had inoculated two or three hundred nurses and sixty or seventy of the house staff. Of the first group of ninety nurses, seven refused inoculation. One of these came down with typhoid, but none of the others.

"Up to the present I have inoculated between five hundred and six hundred, and in that number we have had no markedly bad symptoms. Perhaps if some of the persons treated were here they might differ with me. There have, however, been cases of temperature running to 102° or 103° , with chills and pains. One man, one of the neurologists at Bellevue, told me that he had had a temperature of 103° , with intense pain in the abdomen, and was obliged to stay in bed—yet he had only received one-half cc. I saw him after the second inoculation—also only one-half cc.—and he surely

was a very sick man—high temperature, pains and chills, that lasted for two or three days. He begged off the third dose, and I agreed. At the same time I inoculated other men of his age, and they had practically no symptoms. I had been inoculated myself, before beginning the work, with the same vaccine that Major Russell uses, and had three doses. The arm was sore after each inoculation and a little stiff, with a patch of redness about the size of my hand. In addition to that, I had a little pain in the back and a slight rise of temperature, headache and malaise—and that was all—lasting for about thirty-six hours. That is what we get in the great majority of cases.

"Some of the nurses this year complained rather more of headache, malaise, temperature, etc., and occasionally one would take a day off, but they generally were satisfied with two or three hours' rest in the afternoon of the day of the inoculation.

"In looking over the records today I was rather interested to see that a group of symptoms would run through the nurses in one hospital and another group in those in another, although the vaccine and the vaccinator were the same. Here is a group in Harlem, who had no constitutional symptoms. The next group had headache, backache, chills and malaise. The next group had general malaise, with abdominal pain and nausea and vomiting. One nurse at Harlem noticed rose spots on abdomen and chest with more or less fever twenty-four hours after third dose, with tenderness and pain in abdomen. The rash lasted twenty-four hours. When I came to Bellevue I found that although the symptoms are not more severe, many of the nurses this year have had nose-bleed. It seemed that after one or two had nose-bleed the others all had it. Many of them stated that they had had 'all the symptoms of typhoid fever.' In no other hospital have they said anything about typhoid. I asked if any of those who had had these symptoms had had any rash, and

the reply was: 'No rash, but a blush covering the body in one case.'"

Quoting from the reports, Dr. Brannan stated that the first two nurses complained of nausea and chills and sore arm. The third had chills and a sore arm; another had chills, backache, headache and sore arm, after the first dose, and vomited three times and had great abdominal distress after the second dose, but they all took all the doses. The remainder of the nurses had no ill effects with the exception of sore arms. The report states that the doctors all fell out after the first and second doses.



Preparing for the Rainy Day

In his excellent paper, "Hints to the Graduating Nurse," which is published in this number, Dr. John H. W. Rein calls attention to the necessity for the new graduate to begin to prepare for that time when, on account of age, she may find work slackening up. He says, "My advice is to save monthly, by means of building associations, setting aside a definite sum which you will feel obliged to meet at certain regular intervals. At the end of eleven or twelve years, a saving of \$20 per month means \$4,000, and there will be a certain per cent. of you who will need this at the end of that time."

In the Nursing World Department of this issue announcement is made of a sick benefit plan on which the graduates of the New Rochelle Hospital Training School for Nurses, New York, have just started. There is nothing new about the idea of a sick benefit fund. Hundreds of *alumnæ* associations have started similar funds. Some have fallen by the wayside before they have reached any great success, some have developed into larger schemes, such as endowment of hospital rooms, and some have been carried out along the lines originally intended.

The thing that makes the New Rochelle nurses' plan worthy of more than passing

notice is that it carries with it the obligation for every graduate to take out a life insurance policy, and few things which such an association could do would confer a greater benefit to its members than to use mild "compulsion" to cause them to insure their lives within six months after graduation. It is the usual nurse who cannot, if she tries, save the amount of her premiums on a two thousand dollar endowment policy, amounting in reliable, well-established companies to eighty or ninety dollars a year, depending somewhat on the age of the graduate. The nurse who does this may be sure that at middle life she will have at least a couple of thousand dollars with which to start in some business, to invest in some other way, or to remain accumulating and growing.

We commend this sensible obligation to other *alumnæ* associations.



The Way to Keep Young

A man or a woman is as young or as old as he feels. The following excerpt from a health lecture to young men is fully as applicable to young women, nurses included. Do we play enough? We go to "shows" and to see plays, etc., but how often do we really take part in a real exciting game which combines exercise for unused muscles and tests one's skill at the same time. Suppose we try this summer to learn one new outdoor game or brush up on some half-forgotten game played years ago. It ought to be within the possibility of every one of us to play one outdoor game well and to play more than indifferently several games.

"One's physiological age," said the lecturer, "is measured by one's ability to react to, receive and respond to stimuli. To keep young, one must continue to practise the things the young do—keeping the mind and body ever on the alert, keeping them under constant control, taking up new things that demand coordination in new situations, training them to react a little better and a

little quicker. Recreative games, where one can enjoy strenuous exercise, have one's whole body at one's command and still have a good time and enjoy a hearty laugh. The parts of the body that grow old and lose out are the parts not working; newly built parts work best and this is where training comes in.

"There are a great many old young men and a great many young old men. It is a sight to awaken one's sympathy to see a young man on whom the world has set its seal of rigidity, one who has become so set in his habits and reactions that only a shock can make him see anything outside of his own special everyday walk. On the other hand, we are impressed with the way some men well along in years can take up new things. Their minds are flexible; they have kept young."



The Infant Incubator

The improvised incubator described by Miss Armour in this issue would seem to have other points of value aside from those of emergency and economy. At the meeting of the American Medical Association, held at Atlantic City in June, the regulation incubator came in for much condemnation. In the section on Diseases of Children, Dr. H. M. McClanahan, of Omaha, read a paper on "The Care of Delicate and Premature Children in the Home." He said that incubators were unsatisfactory because ill-ventilated. The use of a clothes basket lined with oil cloth and cotton batting and heated with hot water bottles was to be preferred. A top covering of flannel was used. The bottles maintained a temperature of 90°. The body was warm, the face exposed. Dr. H. D. Chapin, of New York, emphatically condemned incubators, and said that fresh air was a vital factor for the infant. Dr. Zahorsky, of St. Louis, preferred the use of a radiator to hot-water

bottles. A soap-box with one side out could be placed against this and the heat maintained. We think Dr. Zahorsky's method falls very far short of Miss Armour's soap-box in points of practical utility.



Markets for the People

There is one subject which is of universal and perennial interest, and that is the high cost of living, and the way to meet it! This question is as vital to the nurse who is trying to build up the rundown patient as to the patient who has to pay the bills for expensive food as part of his treatment.

A systematic effort to reach this problem in New York City is being made by a special committee which has districted the city among its members. Starting with the idea of open markets, it is turning to the views expressed by one of its members, Mr. J. W. Sullivan, in his very able and interesting book, "Markets for the People, the Consumers' Part." This volume, which is the outgrowth of five years' investigation in Europe, has led Mr. Sullivan to the firm belief that in London the costermonger, answering to our pushcart man, has done more to bring produce and consumer together than any other agency which has yet been devised.

Suppression of the pushcart man has been until lately the order of the day in New York but it looks now as if for a season at least he might be encouraged, to see if he is indeed a helper in the economic direction.

Germs are dreadful things, it is conceded, but under-nourishment so predisposes the human body to the attacks of germs, that even those who so oppose pushcart peddlers on the ground of the exposure of their wares, must admit that the risks coming from that source are less of a danger than the certainty of semi-starvation for a large number of our people if the present high cost of living persists.



GRADUATING CLASS OF NURSES, LONG ISLAND HOSPITAL, BOSTON HARBOR, MASSACHUSETTS (See page 109)

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Hospital Convention Program

Tuesday, August 25, 1914—10 A.M., Registration and Enrollment. Morning Session, 10.30 A.M.—Invocation, Rev. Edwin B. Woodruff, pastor St. Clemens' Memorial Episcopal Church, St. Paul, Minn.; Address of Welcome, Hon. Winn Powers, Mayor of St. Paul; President's Address, Dr. Thomas Howell, superintendent New York Hospital, New York City; Report of the Committee on Medical Organization and Medical Education, Dr. C. K. Clarke, superintendent Toronto General Hospital, Toronto, Canada; Report of Committee on Hospital Construction, Mr. Louis R. Curtis, superintendent St. Luke's Hospital, Chicago, Ill.

Afternoon Session, 2.30 P.M.—Report of Committee to Consider the Grading and Classification of Nurses, Miss Charlotte A. Aikens, chairman, Detroit, Mich.; California and the Eight-Hour Law, Miss A. A. Williamson, superintendent California Hospital, Los Angeles, Cal.; Where Shall Nurses be Trained, Miss Roberta M. West, R.N., supervising nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.; The Presentation of Theoretical Work to Student Nurses, Miss Mary C. Wheeler, R.N., superintendent Illinois Training School for Nurses, Chicago, Ill.; Discussion—Miss Rachel A. Metcalfe, superintendent Central Maine General Hospital, Lewiston, Me.; Miss Lulu Justis, superintendent Brokaw Hospital, Bloomington, Ill.; Dr. R. O. Beard, secretary, University Minnesota Hospitals, Minneapolis, Minn.; General Discussion.

Evening Session, 8 P.M.—Nursing in the Homes of People of Moderate Means, Miss Anna Louise Davis, Brattleboro, Vt.; Medical and Sociological Departments of a Coal and Iron Corporation, Dr. Walter Morritt, superintendent Beth-el Hospital, Colorado Springs, Colo.; Efficiency in Hospital Nursing, Miss Minnie Goodnow, 9 Park Street, Boston, Mass.; Discussion—Dr. J. N. E. Brown, superintendent Detroit General Hospital, Detroit, Mich.; Dr. E. H. Young, assistant superintendent Rookwood Hospital for Insane, Kingston, Canada; Miss Louise M. Powell, R.N., superintendent of nurses, University Hospital, Minneapolis, Minn.; The Artificial Lighting of Hospitals, Mr. Meyer J. Sturm, 116 Michigan Avenue, Chicago, Ill.; Discussion—Mr. O. H. Bartine, superintendent Hospital for Ruptured and Crippled, New York City; Dr. Wayne Smith, superintendent Harper Hospital, Detroit, Mich.; General Discussion.

Wednesday, August 26. Morning Session, 10 A.M.—Section of larger hospitals at the St. Paul Hotel (Convention Hall): The Hospital as

an Educational Institution, Dr. Charles H. Mayo, Rochester, Minn.; Discussion—Dr. R. O. Beard, secretary, University Minnesota Hospitals, Minneapolis, Minn.; Hospital (Clinical) Records, Dr. Joseph B. Howland, assistant resident physician, Massachusetts General Hospital, Boston, Mass.; Discussion—Dr. Louis H. Burlingham, assistant superintendent Peter Bent Brigham Hospital, Boston, Mass.; Responsibility of the Municipality to the Expectant Mother of the Middle Class, Dr. George O'Hanlon, general medical superintendent Bellevue and Allied Hospitals, New York City; Discussion—Dr. Charles F. Sanborn, superintendent Cincinnati General Hospital, Cincinnati, Ohio; Dr. R. E. Castlelaw, superintendent Kansas City General Hospital, Kansas City, Mo. The Hospital Superintendent, Past, Present and Future, Dr. William B. Walsh, chief resident physician Philadelphia General Hospital, Philadelphia, Pa.; Discussion—Dr. John M. Peters, superintendent Rhode Island Hospital, Providence, R. I. General Discussion.

Afternoon Session, 2.30 P.M.—Section of larger hospitals at the St. Paul Hotel (Convention Hall)—Scientific, Economical and Humane Conduct of Municipal General Hospitals in the Southern States, Dr. J. W. Fowler, superintendent City Hospital, Louisville, Ky.; Discussion—Dr. Wayne Smith, superintendent Harper Hospital, Detroit, Mich.; Dr. Guy L. Noyes, superintendent Parker Memorial Hospital, Columbia, Mo.; Hospital Housekeeping, Miss Emma F. Holloway, Pratt Institute, Brooklyn, N. Y.; Discussion, Miss Elizabeth A. Greener, superintendent Hackley Hospital, Muskegon, Mich.; Miss Margaret Holden, Dietitian, St. Barnabas Hospital, Minneapolis, Minn.; Hospital Ambulance Service, Dr. Mason R. Pratt, superintendent Hospital of Good Shepherd, Syracuse, N. Y.; Discussion—Mr. Frederic B. Morlock, superintendent Flower Hospital, New York City; Dr. William O. Mann, superintendent Massachusetts Homeopathic Hospital, Boston, Mass. General Discussion.

Morning Session, 10.30 A.M.—Small Hospitals Section at the St. Paul Hotel (Lounging Room). Miss Mary A. Baker, Second Vice-President, Chairman—Raising Hospital Funds: Its Educational Value, Mr. A. E. Clement, commissioner, Galloway Memorial Hospital, Nashville, Tenn.; The Private Hospital Enterprise as a Public Interest, Dr. Willard T. Graham, superintendent Methodist Episcopal Hospital, Des Moines, Iowa; Some Ways of Advertising Small Hospitals, Mr. J. B. Franklin, superintendent Baptist Memorial Hospital, Dallas, Texas; Discussion—Miss Nettie B. Jordan, superintendent City Hos-

pital, Aurora, Ill.; Mr. Pliny O. Clark, superintendent Ohio Valley General Hospital, Wheeling, W. Va.; Mrs. Maud Horner, superintendent General Hospital, Devil's Lake, N. D. General Discussion.

Afternoon Session, 2.30 P.M.—Small Hospitals Section at the St. Paul Hotel (Lounge Room). Mr. H. E. Webster, first vice-president, chairman—Report of Committee to Consider Suggestions Made in Mr. Haworth's Paper, "On What the American Hospital Association Can Do for the Hospitals of America," Mr. G. W. Olson, superintendent Swedish Hospital, Minneapolis, Minn.; The Experiment of a General Hospital Without a Staff, Rev. Irving B. Johnson, D.D., trustee, St. Barnabas Hospital, Minneapolis, Minn.; Discussion—Miss Ella C. Ingwersen, superintendent La Crosse Hospital, La Crosse, Wis.; Miss Ida M. Barrett, superintendent Union Benevolent Association Hospital, Grand Rapids, Mich.; Hospital Family Cooperation in Domestic Management, Miss Nina Dale, R.N., superintendent German Hospital, Chicago, Ill.; Discussion—Miss Jennette F. Duncan, superintendent Delaware Hospital, Wilmington, Del.; The Superintendent of a Small General Hospital, Dr. E. B. Smith, trustee, Boulevard Sanatorium, Detroit, Mich.; Discussion—Miss Emma A. Anderson, superintendent, New England Baptist Hospital, Boston, Mass.; Miss F. E. Smith, R.N., superintendent St. Luke's Hospital, Duluth, Minn.

Evening Session, 8 P.M.—Report of the Committee to Study the Character, Cost and Value of Direct and Indirect Work for the Prevention of Disease now Conducted by Hospitals and Dispensaries, to arrange in the order of their importance and practicability successive steps for the extension of such work, and to prepare methods for its financial support and for its correlation with the similar work of other agencies, public and private, Dr. J. A. Hornsby, chairman; Report of Committee on Out-Patient Work, Mr. Michael M. Davis, Jr., director Boston Dispensary, Boston, Mass.; Out-Patient Service, an Effort toward Standardization and Cooperation, Dr. Charles H. Young, assistant superintendent Presbyterian Hospital, New York City; Discussion—Dr. W. L. Babcock, superintendent Grace Hospital, Detroit, Mich.; The Need of Better Hospital Equipment for the Medical Man, Mr. Edward F. Stevens, 9 Park Street, Boston, Mass.; Discussion—Miss Mabel McCalmont, R.N., 601 Temple Bar Annex, Brooklyn, N. Y.; Mr. Richard E. Schmidt, 104 South Michigan Avenue, Chicago, Ill.

Thursday, August 27. Morning Session, 10 A.M.—Report of Membership Committee; Report of Treasurer; Report of Auditing Committee; Report of Committee on Constitution and By-Laws and on Development of the Association, Dr. S. S. Goldwater, chairman, Commissioner of Health, New York City; Report of Committee on Efficiency and Progress, Dr. Cleveland H. Shutt, Commissioner City Hospital Department, St. Louis, Mo.; Report of Special Committee on the Inspection, Classification and Standardization of Hospitals, Dr. J. A. Hornsby, chairman, Chicago, Ill.; Scientific Management in Hospitals, Mr. Frank B. Gilbreth, Providence, R. I.; Discussion—Dr. A. B. Ancker, City and County

Hospital, St. Paul, Minn.; Dr. Charles B. Bacon, superintendent City Hospital, Blackwell's Island, N. Y.

Evening Session, 8 P.M.—Out-Patient Section, Round Table, at St. Paul Hotel (Convention Hall), conducted by Dr. Andrew R. Warner, superintendent Lakeside Hospital, Cleveland, Ohio.

Evening Session, 8 P.M.—Small Hospitals Section at the St. Paul Hotel (Lounge Room)—Round Table, conducted by Mr. G. W. Olson, superintendent Swedish Hospital, Minneapolis, Minn.

Friday, August 28. Morning Session, 10.30 A.M.—Report of Committee on Hospital Finance and Cost Accounting, Dr. R. J. Wilson, superintendent Health Department Hospitals, New York City; Report of Committee on Hospital Accounting, Mr. C. B. Grimshaw, superintendent Roosevelt Hospital, New York City, and Mr. F. C. Townsend, trustee, S. R. Smith Infirmary, Staten Island, N. Y.; Hospital Morbidity Statistics, a practical method of making them uniform and collecting them for analytical study, Dr. Charles Bolduan, Department of Health, New York City; Discussion—Dr. F. H. Holt, assistant superintendent City Hospital, Boston, Mass.; Question Drawer, conducted by Dr. Herbert O. Collins, superintendent City Hospital, Minneapolis, Minn.

Afternoon Session, 2 P.M.—Report of Committee to Memorialize Congress to place hospital instruments on the free list, Rev. George F. Clover, D.D., chairman, superintendent St. Luke's Hospital, New York City; Report of Special Committee on Bureau of Hospital Information, Dr. W. H. Smith, chairman, superintendent Johns Hopkins Hospital, Baltimore, Md.; Report of Committee on Legislation, Dr. Wayne Smith, chairman, superintendent Harper Hospital, Detroit, Mich.; Other Committee Reports.



Some Advantages of the Small Hospital

F. E. Walker, in the *Medical Record* (April 11, 1914), enumerates some of the advantages which the small hospital offers to surgical patients. He does not mention one very great benefit which the patient of the small hospital receives, whether poor, of moderate means or rich—the close attention to his individual needs and tastes and more personal care and attention than is the rule in most large hospitals. "We gave our ward patients more attention and did more for their comfort in the small hospital where I was trained than the best paying patient gets in this hospital, unless he pays a special nurse"—this sort of remark is commonly heard from nurses who have gone from small to large hospitals for a different kind of experience.

However, Dr. Walker has cited some very evident advantages which the small hospital, when well managed, can offer. He says in part:

"Hospitals should be small, and if the number

of rooms are eventually found to be inadequate, new buildings entirely separated should be erected and patients classified. Hospitals in our large cities should be far removed from the business center, and the influence mentioned elsewhere. A large lawn, nice trees, good scenery, flowers, homelike surroundings and internal finishings provided which will be as near like the average comfortable home as is possible and consistent with perfect cleanliness. It is a source of wonder to the country surgeon to learn of the number of recoveries obtained in the usual city hospital, where so many distressing conditions exist which are inimical to the best scientific interests of the patient. That a large majority of deaths result from these conditions must be admitted, and such deaths should not be attributed to the operation, but to the uncongenial surroundings and the lack of such things as contribute to the serenity of the mind. In the small hospitals in the small towns, where the air is free from dirt, dust, smoke and gases, where the peaceful quiet of old nature reigns, where tried and true friends are near, where life is quiet, peaceful and full of hope, and where the simplicity of the average home is truly exemplified, where sham and glitter and display are unknown, where the surgeon looks after his cases and is a constant and always a most welcome visitor, where nurses are known to be diligent and faithful, and where sympathetic interest of all is apparent, there is a much lessened mortality than the great hospitals in the great cities can obtain, and it is gratifying to note the gradual though slow change that is taking place among the sick who need hospital treatment in favor of the small hospitals in the small places. Hundreds of such small hospitals are springing up all over the land, and hundreds of the brainiest and most skillful men in the profession are filling the positions as surgeons in these hospitals and are daily performing the most difficult and delicate operations known to surgery, and with as good, if not better results than hundreds of the so-called lights of the surgical profession, because the former have all nature to assist them and every influence to aid. These hospitals and these men have everything necessary to aid them in their work. The laboratories are well supplied with every needed scientific instrument of precision, both in the physiological, the pathological, diagnostic and operative domains. The surgeon has access to the same teachings and he has more time for deliberate examination, the outlining of the treatment and the carrying out of technique than his city brother, who must needs pay for all the 'superior advantages' in the big city, and therefore must hustle night and day that he may

be able to keep up with the glittering lights of the fellows who lead the procession."



What Convalescence Sometimes Means

In the sixth annual report of the Mutual Aid Association of Brattleboro, Vt., which is probably the best demonstration of a "health center" which has been produced in America in a small city, Miss Anna Louise Davis, the superintendent, calls attention to a condition which is destined to receive increasing consideration in years to come.

"For years in the crowded hospitals," says Miss Davis, "I have felt the need of a different kind of home nursing service than we had. In my home city, we decided that in the service given in the women's wards, about one-third of the cases admitted did not really need hospital care, and could have been cared for at home at practically the same cost, as far as the illness was concerned, and a marked economy in cost, if you consider the fact of the possibility of keeping the family together, if you only could have found the person to render the right kind of service.

"Take, for instance, the not unusual case of a minor illness, where the mother of a family of four children is sick in bed for a week or ten days. Ordinarily, there is nothing to do but send her to the hospital. Kindly neighbors, a friendly church visitor or a paid social worker finds a place for the children to board; closets and drawers are hastily rummaged by strangers for the children's clothes; the husband gets his own meals or goes out to board, and so, at a great expense of time, energy and money, this family is cared for during the illness. And now comes the time for the woman to be dismissed and again the task of the workers in getting the family together.

"Have you ever done any 'follow-up' work on dismissed hospital cases? If not, can you imagine the disorder of a home in which the ambulance attendants took a mother from a sick bed, and a stranger hastily packed up the clothing of four children, and a husband who works all day has tried to get his own meals. There is often not a bed made up in the house, nor a dish that does not need to be washed—a rather discouraging outlook for a convalescent. This is not an overdrawn picture, and I simply cite it to draw attention to a well-known though little recognized condition and to give a strong reason for the establishment of nursing centers where it will be possible to get, in all cases, the grade of nursing care needed for the individual. . . . To grade the kind and price of the help sent into the home in case of sickness, and not force all grades of sickness to employ a standard kind of service because

there is nothing else to give them, seems to me to be the solution of caring for people of moderate means in the home."



Social Service at Lakeside Hospital

The second annual report of the Lakeside Hospital, Cleveland, is interesting reading to any one who has or is trying to get the larger vision of hospital work. The report is a real joy. It shows the skill and earnestness with which social problems are being undertaken by that hospital.

The manner of dealing with men having chronic heart lesions is only one example of the thoroughness of their methods. At first one physician was appointed to give special attention and personal instruction to men handicapped by heart lesions. But one person could not do the work that was required, so the following plan was evolved:

"For the benefit of the student, the patient and the social service department, we have offered an elective course to upper class students of the Medical College, for which they are to receive credit for one university hour a week. The objects of this course are: (a) To teach the behavior of the chronic valvular lesions in the varying conditions of life outside of the hospital ward; (b) to assist the student to attain by practise skill in assuming the relation of physician to patient; (c) to impress upon him the importance of seeing more than pathology in a patient and of prescribing treatments and giving advice fitted to the limitations and surroundings of the patient in question."

Under the heading, "The Social Reconstruction in Children," there is an interesting paragraph with a picture that challenges attention: "The special fund for clothing for children does more good than the figures at first would indicate. The social reconstruction of a child is simple. The past can so easily be left behind and the necessary factors are so few. Give any child kind, just treatment until fear is gone, then some new clothes and he will feel the equal of his fellows. One cannot pauperize a child; help is always help." Then is shown the picture of the Carter twins before and after the reconstruction—when they applied at the dispensary on the coldest day in winter, tattered and torn, with crooked legs and with but one cap for the two little heads, and after the hospital had done its work on and for the children.

No part of the report contains so much that is of vital social value as the section devoted to the work in the Out-patient Obstetrical Department. It was learned that in Cleveland last year mid-

wives attended 44 per cent. of the births in that city. The Cleveland social workers evidently do not believe that the solution of better care for women in childbirth is to build maternity hospitals or maternity wards. "Maternity hospitals," says the report, "are not in themselves an economical or efficient substitute for midwifery; they are, however, essential to the success of the other substitutes in that they can better care for the abnormal cases and dangerous accidents of childbirth, which cannot be cared for safely in the homes. These are the cases for the present and future hospitals, not the routine normal case that would otherwise go to the midwife. A physician and a skilled nurse can deliver a normal case safely in almost any kind of surroundings."

The report outlines the plans followed in Cleveland to render the midwife unnecessary. It includes an active general campaign of education through the dispensary, and a cooperative plan on the part of several hospitals and the Western Reserve University to do the maternity work that would otherwise go to midwives, and to do it better. The real midwife problem of Cleveland is the real midwife problem everywhere. It is, *How can we (the hospitals) better care for the thousands of women now delivered by midwives every year?* When the hospitals get waked up enough to really tackle this problem it will be well on its way to solution. In Cleveland a number of physicians were enlisted who agreed to attend the births for a nominal fee, the visiting nurses assisting with the care. The Maternity Dispensary of St. Luke's Hospital cared for over two hundred; The Lakeside Hospital and the University cared for over five hundred cases—the hospital providing two graduate head nurses and four pupils to do this work.

Never has the great task which awaits hospital effort to improve the care given to mothers of the poor in childbirth been more clearly stated. The midwife problem will begin to be solved when hospitals wake up and wake others up enough to provide substitutes for the midwife and not till then.



Asking for What You Want

The need of making definite requests for definite things needed in hospital work is well understood by the superintendent who has had many years of experience to teach him. In England recently the statement that owing to the cost of radium many patients who might be helped by its use was followed by the *Daily Express* opening a subscription list for providing a supply of the costly remedy for the hospitals of London

which were caring for cancer patients. In a very short time subscriptions amounting to over \$50,000 came in and at the time of the report from which we quote they were still coming. There is no doubt that if many American hospitals would use the daily press for making definite wants known and would keep repeating the requests at intervals many of their desires would be fulfilled.



The Jefferson Hospital

The Jefferson Hospital, Philadelphia, Pa., reports 9,900 accident cases treated in 1913, admissions to the hospital 6,507, and new dispensary cases 24,834—truly a wonderful record of activity which must mean strenuous service for all concerned in the care of the hospital. The average number of patients per day in all public departments was 601. The maternity department in a separate building is open day and night throughout the year to women who are pregnant and ill, or about to be confined, or suffering from the accidents and ills following confinement, or who desire to consult a physician. Newly born infants not afflicted with contagious diseases are received. Each day, except Sunday, between 12 and 1, mid-day, members of the staff are at the maternity branch daily to consult with patients who desire attendance in their homes, or who wish to enter for treatment. Owing to the constant demand, the indoor work of the hospital is restricted as far as possible to complicated and difficult cases, and normal cases are assisted through confinement in their own homes.

The daily cost per ward patient was \$1.95; daily cost for provisions of all persons supported 33.5 cents.



Mercy Hospital

Mercy Hospital, of Altoona, Pa., held a reception June 4, from 2 to 4, and from 7 to 9 P.M. Several hundred people visited the institution. Since the beginning of the present year an entire new story has been added, now giving three floors and basement. The new third floor contains nine (9) private rooms, X-ray room and laboratory, with the necessary supply rooms, office and lavatories.

The entire old part of the building has been renovated and improved, and the capacity of the hospital is now forty beds.

The hospital is just four years old. There is a

training school of ten pupil nurses. The first class of three nurses was graduated in April, 1913.

Miss Laura M. Hamer, a graduate of the University of Pennsylvania, is superintendent, and Miss Grace P. Laird, of the German Hospital, Philadelphia, is head nurse.



The General Memorial Hospital

The General Memorial Hospital, built primarily for the treatment of cancer, has recently had a gift of four hundred and fifty thousand (\$450,000) dollars, not one million, as erroneously reported. The gift carries with it certain obligations: "That every bed be devoted exclusively to the treatment of cancer," and "that the medical staff shall be appointed by the faculty of Cornell University Medical College."

Dr. James Ewing, who receives the appointment of medical director, has charge of admitting and assigning all applicants, and only such cases as may be suitable for study and research are eligible for admission.

There is no change in the board of managers nor in the administration. A paid house staff will be engaged, and nurses employed as obtainable, to take the place of the students of the Post-Graduate School, which has ceased to exist. A superb X-ray plant has been installed, and a large quantity of radium is available.



The United Hospital

The United Hospital at Port Chester, N. Y., completed a twelve-day campaign for endowment on June 17. This hospital serves Port Chester, Rye and Harrison. The buildings are new and free from debt. The object of the campaign was to secure an additional endowment fund. It was stated that \$10,000 of the amount raised would be used for current expenses. The objective of the campaign was \$100,000 or more. The sum subscribed slightly exceeded \$112,000. Mr. W. A. Bowen, of Waterville, Me., was the leader of the campaign. Fully three thousand people subscribed toward the campaign fund.



Morristown Hospital

The Morristown Memorial Hospital of Morristown, New Jersey, completed a successful campaign to raise \$100,000 for the hospital extension fund. \$225 was presented by the Italian citizens of the town. There was great enthusiasm throughout the campaign.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Grading of Nurses

To the Editor of The Trained Nurse:

The American Hospital Association's Committee on the Grading of Nurses has sent out to the members of the Association a questionnaire covering points in their recommendations which will be presented at the annual meeting, to be held in St. Paul in August.

The whole subject with which this Committee's work deals is of importance to nurses. Some of the points brought out are:

Can a community be taken care of by graduate nurse service only?

To this most of us unhesitatingly answer, No. It has never been done, is not being done, and as long as we are human, will probably not be done. The medical profession is centuries old, yet no community in the world is being doctored by graduate physicians alone. There is no reason to suppose that the situation will be any better in regard to nursing than it is to the practice of medicine.

We have it on the high authority of Miss Goodrich that 90 per cent. of the cases of illness are cared for by non-graduate nurses. Why, then, should we not face the situation, admit the facts, and act according to them, not according to some fancy or theory which some one wishes were a fact?

How many grades of nurses are necessary and how would you classify them?

It is perfectly evident to any one who looks around that there are now in the field three grades of nurses: the fully trained, the partially trained and the untrained.

There seems no reason for attempting a new classification so long as the one already existing answers so well. The three classes of nurses, except perhaps some of the third class, serve the public very satisfactorily. Whether the third class is satisfactory or not, it will always be with us, and we may as well face that fact, too.

How would you classify nurses so as to include all who nurse for hire?

This is really one of the great points in the whole matter, and the one where this committee has got at the heart of things. It proposes to

classify, and doubtless also register, *all who nurse for hire*. That is where we have been making our mistake for so many years. We have wanted a high standard for nursing, so we have concentrated our attention upon the best grade of nurse, and entirely forgotten, neglected and ignored the nine-tenths who were being nursed by the lower grade woman. We have gone about to make laws affecting one-tenth of the nurses and, therefore, much less than one-tenth of the public, about whom we professed to be concerned. The A. H. A. Committee are among the first to remind us of this neglected nine-tenths.

They are proposing to classify *all grades* of nurses, to *control* all nurses, and, eventually, to *train* all nurses. Isn't this the thing we really all want?

As for the names which the three grades shall be called, "graduate nurse" or "registered nurse" is certainly all right for the first class. For the second class, "certified nurse" has an air about it and, since the term certified is popular just now, it seems good. For the third class, "household nurse" as suggested by the committee, is probably as descriptive as any other term and is certainly unobjectionable.

Where and how long should the several grades be trained?

Under present conditions, there seems to be no other place in which to train a nurse but a hospital. Certainly the two higher grades of nurses must have hospital training, such training to include both theoretical and practical work. It is possible that the third or lowest grade of nurse might get her training by correspondence, in Y. W. C. A. classes, in the public or private schools, etc., and be allowed to get her practical experience after she begins her paid work. The public has always been willing enough to trust its children's education to inexperienced teachers, its spiritual ills to a man who knows books but not life, and its bodily ills to a doctor who has read of them in a book but has never seen a case like theirs before. It is not and will probably not for a long time be especially squeamish about how much its nurses were trained, if only they are kind and willing to help in the hour of need.

The millennium will have arrived before we are able to give everybody the best care, the best training and the best advice. Meantime, any scheme which keeps out the absolutely unfit will be considered the sensible and practical thing.

How would you meet the need of the tuberculosis hospitals, how train such nurses and how classify them?

The tuberculosis hospitals seem to have solved their problems while the rest of us were trying to think what to advise them. They have found that ex-patients, trained under their own roof, are a fairly good way out of their difficulty. There are not enough graduate nurses who will undertake to care for the numerous tuberculosis cases which are all the time coming to our sanatoria; untrained women will not do; the specially trained, ex-patient if you will, seems to do excellently. These women are half trained, if you will, for general nursing, but they are more often than not much better tuberculosis nurses than most graduates. If a doctor is willing to be called a lung specialist, why should not a nurse be willing to be called a tuberculosis nurse?

How would you meet the constant and pressing need for maternity nurses in homes of moderate means?

Personally, I feel that no nurse should have charge of a delivery unless she has had special training in obstetric work. The ordinary graduate nurse is not competent, nor is she satisfactory. Moreover, she usually fails in the care of the baby. The ideal would be to have a specially trained obstetric nurse for the delivery and a specially trained baby nurse afterward. In a normal case, however, the mother, after the first few days, needs little care and can help very materially in caring for the baby. She usually needs teaching as much as anything. The scheme which is being tried in some of the household nursing associations of furnishing graduate, experienced nurse, or woman for housework, as they were needed, seems to come nearer being a solution of the problem than any we have yet found.

I should like to see the plans of the A. H. A.'s Committee tried, as they seem sensible. No doubt the plan as outlined will have to be modified somewhat, but the underlying principles appear sound.

M. GOODNOW, R.N.

A Criticism

To the Editor of The Trained Nurse:

Enclosed please find clipping from one of our daily papers*, which I hope you will find time and space for in your magazine. Personally, I heartily endorse David Workum's remarks. I think nurses are making a great deal more fuss over their importance in the world than are the doctors. I appreciate and am so glad to receive your valuable journal each month. N. E., Ohio.

The clipping follows:

"David Workum, president of the Jewish Hospital trustees, repeated his remarks criticising the Graduate Nurses' Association for trying to control, as he declared, the prices and the hours of nursing. At the graduation exercises of the Jewish Hospital Training School, he declared that if things continue as they are at present, a man cannot afford to be respectably sick, because of the so-called 'nurses' trust.' 'The nurses are removing their calling from the dignity of a profession and making it a commercial business,' he said. 'The Association has fixed prices and hours in much the same way that might be prescribed for a man in a factory or a brick yard. It has established a four-hour recreation period, and, while I do not oppose the recreation, I do not think that this period should be fixed arbitrarily. It is likely to prove most dangerous if the 'whistle' blows when a nurse is most needed at the bedside. There should be no clockwork in such a profession.'

"Mr. Workum advised the graduates to register their protest against commercialism in the profession. The new nurses, however, said that they will join the association and approve of the rules on prices and hours. 'In establishing prices and hours we are simply trying to protect the public,' Miss Sarah Helbert, school nurse, declared. 'We take it for granted that the nurses will use good judgment.'"

* Cincinnati Times-Star.



Did She Do Right?

To the Editor of The Trained Nurse:

Miss S. was right in administering the hypodermic injection. She was not practising medicine beyond her profession, and the public would think her a negligent and heartless nurse if she had allowed the patient to die without administering known restoratives which she had at hand.

S. H. R.

In the Nursing World

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Spanish-American War Nurses

The Spanish-American War Nurses will hold their fifteenth annual convention at Detroit, Mich., September 1 to 4, 1914, with headquarters at Tuller Hotel. The following program has been arranged:

Tuesday, September 1—9 A.M., executive committee meeting; 9 to 12 A.M., registration; 2 to 3 P.M., invocation, Chaplain J. T. Spillane, G.A.R.; address of welcome, Mayor Marx; response and annual address, President Mary J. McCloud, Newport, R. I.; "The Nurses' Duty to the American Nation," Miss Ella Morrison, ex-president Federation of Women's Clubs, Grand Rapids, Mich.; 3 to 4.30 P.M., business; officers and camp reports; 8 P.M., seeing Detroit.

Wednesday, September 2—9 to 12 A.M., business; 3 to 8.30 P.M., boat ride and dancing, Bois-Blanc Island.

Thursday, September 3—9 to 12 A.M., business; 1 to 3 P.M., luncheon, toastmistress, Miss Mary E. Gladwin, Akron, Ohio; 3.30 to 6 P.M., sight-seeing car ride, Detroit and Belle Isle; 8 P.M. war movies.

Friday, September 4—9 to 12 A.M., business, election of officers; 1 to 5 P.M., visit to Parke-Davis laboratory; 6 P.M., informal tea, farewell.

Owing to the Grand Army Encampment being held in Detroit at this date, rooms should be reserved as much in advance as possible. Rates \$1.50 to \$4.00 per day, European plan.



Maine

The annual meeting of the Maine State Nurses' Association was held in the Burnham gymnasium, Bangor, June 25. The meeting was called at three o'clock, with Miss Edith Soule, the president, in the chair. Following the routine business these officers were elected: Miss Edith Soule, Portland, president; Mrs. Sarah Hayden, Augusta, first vice-president; Miss Caroline Kelley, Augusta, second vice-president; Miss Myrtle Taylor, Lewiston, recording secretary; Miss Maria Irish, Portland, corresponding secretary; Miss Bernice Mansfield, Bangor, treasurer; Mrs. Hayden, Augusta, Miss Ida Washburn, Bangor, Miss Rachel Metcalf, Lewiston, Miss Edith

Soule, Portland, Miss Lucy Potter, Biddeford, legislative committee. It was voted to incorporate the association, the name to be the Maine State Nurses' Association. It was decided to work for State registration of nurses, and to this end a bill will be presented to the next legislature by the legislative committee. After the meeting an informal reception took place.



New Hampshire

On the evening of June 9, 1914, the Memorial Hospital Training School for Nurses of Concord graduated its first class. The exercises were held in Masonic Hall, before a large audience. The stage was decorated with American and Canadian flags, in honor of Miss Lillian Fraser, superintendent, and three of the graduates, who are Canadians. Prof. Roger Merriman, president of the board of trustees, introduced the Hon. W. D. H. Hill, who gave a short talk on what the hospital stands for; he was followed by Dr. G. H. Shedd, who presented valuable statistics regarding the work of the hospital. The speaker of the evening was Dr. Walter Bradford Cannon, of Harvard Medical School, who pictured the growth of the science of medicine, in an intensely interesting manner. Professor Merriman presented the diplomas, with appropriate remarks. Mrs. Daniel Merriman presented the class pins. The graduates are Misses Richardson, Locke, McBride, Beeman and Roy. After the exercises were concluded in the hall, a large number of invited guests repaired to Hotel Randall, where the graduates held an informal reception, and later in the evening refreshments were served.



Vermont

The annual meeting of the Fanny Allen Hospital Graduate Nurses' Association was held at the Fanny Allen Hospital, Burlington, at 3 P.M., Tuesday, June 9, 1914. As this was the first meeting since the death of our president, Miss Mary E. Sherran, the following resolutions were passed:

"Whereas, It has pleased Almighty God in His infinite wisdom to remove from among us our president, Mary E. Sherran, therefore

"Be It Resolved, That the members of the Fanny Allen Hospital Graduate Nurses' Association realize in the death of Miss Sherran we have met a loss of one whose life was devoted to relieving suffering humanity, and be it

"Resolved, That we extend our heartfelt sympathy to the family.

"Resolved, That a copy of these resolutions be sent to the sorrowing family, and entered on the records of our Association."

Nine new members were admitted to the alumnae. The following officers were elected for the coming year: President, Mary E. Murran, R.N., '99; vice-president, Anna Kingston Larner, R.N., '05; secretary, Sarah Thaxter Whitmarsh, R.N., '08; acting treasurer, Rev. Sister Sweeney, R.N., '02.

The annual commencement exercises of the Fanny Allen Hospital Training School for Nurses at Burlington, Vt., were held at the hospital on June 9. The hall was daintily decorated with class colors, purple and gold. The class motto, "Knowledge and Virtue United," occupied a prominent place. Ferns, palms and cut flowers were in profusion. Owing to lack of room, only the immediate relatives and friends of the graduates and the members of the Alumnae Association were in attendance. On the platform were seated the clergy, faculty and J. J. Enright, attorney-at-law, the graduates occupying seats forming a semi-circle around the stage. The Rev. R. J. Cahill, D.D., of Montpelier, Vt., was the speaker of the evening, and held the attention of his audience while he spoke in glowing terms of the nobility of the nursing profession and the enthusiasm required to attain success. Loyalty to their Alma Mater and its teachings, obedience to the physician, tact with the patient and justice to self were pointed out as means to success. He congratulated the students on their privilege of pursuing their course of study under such favorable circumstances, where the very lives of those under whom they receive their training are powerful incentives to call forth and develop all that is noblest and best in them. He congratulated the Sisters on the noble work being done at the Fanny Allen Hospital and wished Godspeed to the day when its capacity would be so increased that its doors might be opened to all who sought care and treatment therein.

C. M. Ferrin, M.D., was toastmaster and called upon the reverend clergy, physicians and Mr. J. J. Enright, who responded in a few well-chosen remarks. Miss Mollie Kingston, valedictorian, endeavored to prove from their chosen

motto that virtue and knowledge may be united. The junior response was made by Miss Annie Sheridan. Miss Teresa Strong read the class history and Miss Susie Carroll made the class prophecy. The class was marshalled in by Miss Mollie Kingston, while Mrs. J. Dower played the entrance march. A chorus, "O Summer Night," was rendered by the undergraduate nurses, with Mrs. J. Dower as accompanist. Dr. Ferrin, with a few well-chosen words, presented the graduates with their diplomas. Benediction was given by Rev. D. J. Coffey, of Waterbury, Vt., and the singing of "Amici" closed the exercises, after which the undergraduate nurses served ice cream and cake to all present. While the graduates received congratulations from their friends, the Misses Mears, pupil nurses, entertained with piano selections. The following graduates received their diplomas and were admitted into the Graduate Nurses Alumnae Association: Sister Laura A. Coupal, Sister Marie A. Bisson, Mollie Kingston, Georgiana Erno, Susie T. Carroll, Teresa A. Strong, Delima La Blanc, Catherine Costello, Nellie Duffany.

The Sisters of the Fanny Allen Hospital, Winooski, entertained the Vermont State League for Nursing Education on May 12, 1914. After the regular business meeting a dainty luncheon was served, during which choice selections were rendered on the Victrola. The superintendents then went to Burlington, where a mass meeting of nurses was held.

Miss Mollie M. Kingston, of the recent graduating class, has returned to her home in Chatham, N. B., before starting work. Miss Georgiana Erno has gone to her home in Swanton, where she is caring for her sister, who is ill. Miss Elizabeth L. Coffey has resumed her work in Barre, after spending a few months in the West, where she visited many of the larger hospitals.



Massachusetts

On Saturday afternoon, June 13, the annual graduation exercises of the Long Island Hospital Training School, Boston Harbor, were held in the Hospital Chapel, a class of thirteen nurses receiving their diplomas. The graduating nurses are: Miss Ellen M. Dolan, Miss Anna Watson, Miss Margaret E. McTigue, Miss Martha E. Roscoe, Miss Winefred E. Frazer, Miss Elizabeth F. Phelan, Miss Ellen T. Coyne, Mrs. Mary A. Masefield, Miss Mary J. Steel, Miss Frances B. Bailey, Miss Ellen G. Dean, Miss Margaret T.

O'Brien, Miss Mary Higgins. A splendid address was made by Governor David I. Walsh, who highly complimented the nurses for their pluck and perseverance, and paid an excellent tribute to the nursing profession. The diplomas were presented by Dr. Frank Howard Lahey, a member of the visiting medical staff. Miss Elizabeth F. Phelan was class valedictorian. The exercises in the chapel were followed by a reception on the grounds, refreshments being served to the five hundred or more guests, after which they availed themselves of the privilege of visiting the wards of the hospital and the different parts of the institution. Through the kindness of the board of trustees the nurses attended the Colonial Theatre in the evening, closing the festivities of the day with a dinner at the Hotel Georgian.



Rhode Island

The graduating exercises of the Butler Hospital Training School for Nurses were held June 3. The annual address to the graduating nurses was delivered by Miss Linda Richards, who has the distinction of being the first trained nurse in the United States. Miss Richards was the first nurse to receive her diploma in this country. Miss Richards's subject was "The Growth in Importance and Recognition of Training Schools in Mental Hospitals." Miss Cleland, superintendent of the Butler Hospital Training School, is a former pupil of Miss Richards. The diplomas were presented to the graduates by Charles H. Merriman, president of the board of trustees, and there was a reception at nine o'clock. The graduates who received diplomas are: Three-Year Course—Grace A. Bidgood, Mary J. Buchanan, Kathryn A. Butler, Iola Beatrice Cameron, Lucy Mary Corson, Catherine S. Galvin, Hazel Beatrice Gavel, Olga J. Hanson, Harriet C. Hewitt, Alice Louise Lowell, Kathleen McCoy, Mary Alice McCoy, Mary Frances McGraw, Mabel M. Shrum, Elsie A. Wyman, James Joseph Bertram, John P. Hurley, James H. Kendrick and Garrett E. Lynch. Two-year Course—Albert A. Fuller and Philip Steinicke.

On Thursday evening, June 4, a reception and dinner to the graduates was given at the Narragansett Hotel, by members of the Alumnae Association. Seventeen members of the Association were present to greet the graduates, Miss Irene Betts presiding as toastmistress. Dr. Henry C. Hall, assistant superintendent of the hospital and chairman of the State Board of Examiners of Trained Nurses, was present. Toasts were given to the members of the class, Dr. Hall, Miss Helen Cleland, superintendent of the training school,

and to the alumnae. The dining room was prettily decorated in red and white, the class colors; the tables bore clusters of roses, and corsage bouquets of various flowers were worn by all the women. Following the dinner the nurses adjourned to the parlors, where class songs were sung and a social hour enjoyed.

Commencement exercises of the Woman's Hospital Training School, Wakefield, were held at the Woman's Hospital May 20, when twelve pupils received diplomas. The Woman's Hospital Alumnae gave a tea in honor of the members of the graduating class.



Connecticut

The graduating exercises of the nineteenth class of the Training School for Nurses of the William W. Backus Hospital, Norwich, were held in the Hugh Henry Osgood Parish House, on Tuesday evening, June 9, 1914. This is the last class to graduate under the two years course, the course having been extended to three years. The exercises, which were presided over by Mr. Winslow T. Williams, president of the executive board, were opened with prayer by Rev. Edward S. Worcester. The address to the graduates was by Dr. E. Oliver Winship, of New London; President Williams presented the diplomas, the class pins by H. A. Tirrell and the class prizes by Dr. Edward Brewer. The graduates are Bertha J. Sabrowski, Gertrude M. Grogan, Barbara N. Fox, May E. Eastland, Julia M. Kilday and Annie C. Buckley. Prize awards were made for efficiency along different lines. The prize for efficiency in the operating room, \$10, is given by Mrs. Charles L. Hubbard. This prize was divided between Miss May E. Eastland and Miss Gertrude M. Grogan. The next prize, \$10, awarded by Mrs. Hugh Henry Osgood for medical efficiency, was presented Miss Julia M. Kilday, while a gold piece offered by Dr. Brewer as a prize for efficiency in anatomy and physiology was awarded Miss Barbara Fox. The other prize, \$10, offered by the W. W. Backus Hospital for general efficiency, went to Miss May E. Eastland.

In addition to the prizes, Mrs. C. L. Hubbard presented each member of the graduation class a handsome bouquet of flowers. A reception followed at the Nurses' Home, the musical numbers being rendered by the Harmony Club. Refreshments were served and dancing enjoyed until 12.30. On Wednesday afternoon at three o'clock the annual meeting of the William W. Backus Hospital Alumnae Association was held in the nurses' residence, at which time the usual yearly

reports were read and accepted. The Association was found to be in a flourishing condition and with the prospects of a very bright future.

The Alumnae of St. Vincent's Hospital, Bridgeport, gave their annual dinner to the graduating Class of 1914, on June 27, at Savin Rock, New Haven. After the dinner a meeting was called by the president, Mr. Ross Harvey, of Troy, N. Y., and the following officers were elected: Sister M. Alice, directress; president, Miss Helen Quigley; vice-president, Miss Rose McEvoy; secretary, Miss Mary Flannagan; treasurer, Miss Anna O'Brien. The graduating class consisted of Misses Anna McGurty, Mary Flannagan, Elizabeth Johnston, Julia Delaney, Lillian McDonald, Grace Julius, Sylvia Poole.



Canada

The eighth annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses was held in the Technical College, Halifax, Nova Scotia, July 8 and 9, 1914, with a program of much interest, as follows: Wednesday, July 8, 10.30 A.M., meeting of council, appointment of nominating committee; 2.30 P.M., invocation, Rev. W. J. Armitage, Halifax. Addresses of welcome—Hon. J. H. Murray, Premier of Nova Scotia, and Hon. Mr. Justice Drysdale, chairman board of commissioners of Victoria General Hospital; address of president, Miss V. L. Kirke, superintendent of nurses, Victoria General Hospital, Halifax; reports of other officers and committees; paper, "Ethics," by Mrs. Goodson, Chicago; paper, "Nursing in Contagious Diseases," by Miss Mathieson, superintendent Isolation Hospital, Toronto. 8.00 P.M.—Address, "The Care of Nurses," by Miss E. R. Scovil, Gagetown, N. B.; paper, "Nurses' Residences and Their Supervision," by Miss Edgar, Toronto Hospital for Sick Children; paper, "Are Our Nurses' Training Schools Educative?" by Miss M. Ard MacKenzie, lady superintendent, Victorian Order of Nurses, Ottawa; paper, "Nursing Conditions in Labrador," by Miss Bailey, Forteau, Labrador.

Thursday, July 9, 10.00 A.M.—Papers, "Management of Smaller Hospitals," by Miss Neelin, superintendent Kincardine Hospital, Ontario, and Miss Cameron, superintendent St. Joseph's Hospital, Glace Bay, Nova Scotia; question drawer, conducted by Mrs. E. G. Fournier, R.N., Gravenhurst, Ont. 2.30 P.M.—Papers, "Preliminary Training," by Miss Gunn, superintendent of nurses, Toronto General Hospital, and Miss

Stretton, Vancouver General Hospital; paper, "Paid Teachers in Our Training Schools," by Miss Strumm, instructor of nurses, Montreal General Hospital; paper, "The Standard Curriculum," by Miss Catton, superintendent of nurses, Lady Stanley Institute, Ottawa; paper, "Massage," by Miss Manby, of the Muller Institute for Physical Culture and Massage, Montreal; paper, "An Hour with Florence Nightingale," by Miss Southcott, lady superintendent St. John's Hospital, Newfoundland; paper, "Nursing Conditions in the Yukon," by Miss Burkholder, superintendent Good Samaritan Hospital, Dawson City.

On Sunday, July 12, at 11.00 A.M., through the courtesy of Archdeacon Armitage, rector of St. Paul's Church, all nurses visiting Halifax were at old St. Paul's at the morning service. At 3.30 P.M. a mass meeting in the Technical College, at which addresses were given by several clergymen upon the subject, "The Place of Religion in the Life of the Nurse."

The School for Nurses of the Kingston General Hospital held its twenty-sixth annual commencement exercises Monday evening, May 11. Twelve nurses received diplomas. The invocatory prayer was by Rev. E. Le Roy Rice, the opening remarks by Mr. F. G. Lockett, chairman. The nurses took the Florence Nightingale Pledge, led by Miss Claudia Boskill, superintendent. Rev. Canon Grout presented the diplomas. The presentation of hospital emblem pins by Mrs. H. A. Calvin and Mrs. J. E. Robinson. Address to graduating class by Miss Charlotte A. Aikens, associate editor THE TRAINED NURSE AND HOSPITAL REVIEW. The gold medal was won by Miss Edith Coulter, the silver medal by Miss Edna Rolston. Intermediate class prize from the board of governors, won by Miss Martha Stewart. Junior class prize from the medical staff, won by Miss Olivia Wilson. There was also a fine musical program.

The fourth graduating exercises of the Training School for Nurses of the Hospital for the Insane, Hamilton, Ont., were held at the hospital June 17. On one of the east lawns an improvised platform was erected, beautifully decorated with palms and huge bowls of marguerites and roses. On the platform were his lordship the Bishop of Niagara, Dr. English, Dr. McNaughton and Mr. Rogers and Mr. W. W. Dunlop, inspectors of hospitals, from Toronto. Miss O'Donnell and as many of her nurses as could be spared from the wards, with the graduating class, were seated, in their uniforms, in the front rows of chairs just below the

platform. Dr. English presided. Dr. McNaughton administered the Florence Nightingale pledge to the graduating class. Dr. English called upon his lordship Bishop Clark to address the class and to present the diplomas to Misses Annie Wallace, Sarah T. Weir, Annie T. Mooney, Mabel Partridge, Florence Petten and Louise O'Keefe. Mrs. English presented the graduation pins. Mr. W. W. Dunlop, at the request of Dr. English, presented Miss Annie Wallace with a silver-mounted thermometer, for being first in the graduation class. Refreshments were served from a marquee centered in a circle of pine trees, beautifully decorated. The annual dance, which brought to a close the graduation exercises, was one of the most delightful ever held in that institution.

On June 3, His Royal Highness the Duke of Connaught, Governor-General of Canada, formally opened the Colquhaun House for Nurses, in connection with the General Hospital. His Highness was presented with an address, to which he replied in suitable terms, dwelling on the great need of nurses having suitable and pleasing surroundings, during their hours off duty. Miss Colquhaun presented Her Royal Highness the Duchess with a very beautiful bouquet of pink roses, and the Princess Patricia was presented with one of sweet peas and lilies-of-the-valley by Miss Stork, lady superintendent. The vice-regal party then made a short visit to the hospital, and departed amid great cheers from the attending throng.



New York

The week of June 8 was nurses' week at the Clifton Springs Sanitarium. The members of the Class of 1914 of the Clifton Springs Sanitarium Training School for Nurses enjoyed an automobile ride to Geneva on Monday evening, June 8, with a dinner at the Hotel Seneca. On Tuesday evening, in the gymnasium, a reception was given to the graduating class by the Classes of 1915 and 1916. The room was beautifully trimmed with evergreens, ferns, daisies and white roses, the color scheme being green and white. On Wednesday afternoon Mrs. H. J. Bostwick and Mrs. J. G. Mumford gave afternoon teas to the nurses and the staff of the Sanitarium. At noon Thursday Miss Emma Legg gave a luncheon to the members of the graduating class. On Thursday evening, at 7.30, the graduating exercises took place in the chapel. The speaker of the evening was Dr. Richard C. Cabot. Dr. James G. Mumford presented the diplomas and school pins; Scripture

reading and prayer by Rev. S. H. Adams, D.D., and parting words by Mrs. Henry Foster. The graduates are Amy Tew Reynolds, Edna E. Norris, Maude Avis Hyer, Susan J. Moore, Arleen R. Dalglish, Katherine Avis Rowse, Madeleine Frances Jaffray, Emma C. Legg, Gertrude A. Flath, Bessie M. Cheney, Gertrude E. Preston, Delia M. Dayton, Laura A. Adams, Gladys E. Phelps. A reception was held in the gymnasium from 8.30 to 10.30 o'clock. On Friday evening the annual meeting and banquet of the alumnae and the election of officers was held in the small dining room.

The graduating exercises of the eighteenth class of the National Training School for Certified Nurses, Albany, were held June 15, 1914, in the Assembly Hall of the Albany Institute and Historical and Art Society. The program consisted of musical selections, both vocal and instrumental, and addresses by Dr. Eugene E. Hinman, Rev. J. Addison Jones and Hon. Joseph A. Lawson. The certificates were conferred by President William O. Stillman. The valedictory was delivered by Miss Abbie Louise Nolting. The Class of 1914 numbered 34 members. The Class motto: Our duty is to minister.

The graduates of New Rochelle Hospital Training School have formed an Alumnae Association, with annual dues of \$5, to be devoted to a sick benefit fund, the conditions for the expenditure of this money being controlled by the executive committee and their examining physician. It is to be an unwritten law that each member have her life insured in one of the standard companies. Most of the graduates have taken out twenty-year endowment policies. The Alumnae Association starts out with the full cooperation and best wishes of the staff and board.

The Alumnae and Graduating Class of 1914 of the Frederick Ferris Thompson Memorial Hospital Training School, Canandaigua, were very pleasantly entertained by the superintendent of the hospital at a banquet on Monday evening, June 8, 1914. At the close of the banquet a business meeting of the Alumnae Association was held, new members were received, and the election of new officers resulted as follows: President Mary G. McCarthy, vice-president, Mary Savage; secretary, Camilla Sale; corresponding secretary, Mrs. Hazel Hall; treasurer, Dorothy Dayton; chairman of executive committee, Almah Wheaton. Letters were read from all members of the Association who were unable to be present.

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Daniel M. Hoyt, M. D. (University of Pennsylvania).

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College).

R. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

Louis H. A. von Cotzhausen, Ph. G., M. D. (Grad. Phila. Col. Pharm., Med. Dept.; Univ. Penn.; Penn. Orthopaedic Inst.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp., etc.)

Tyra Gowenius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

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New Jersey

Miss Eugenia D. Ayers, superintendent of the Elizabeth General Hospital and Dispensary, has been fortunate in securing the services of Miss Emma L. Stowe, as superintendent of nurses of the training school connected with the hospital. Miss Stowe is a graduate of the Boston City Hospital, was superintendent of the Rhode Island Hospital Training School for several years and of the training school connected with the Maine General Hospital. Also for nearly twelve years superintendent of nurses of the Connecticut Training School for Nurses. Miss Stowe has recently returned from a year of travel in the West, where she met many old-time friends. The Nurses' Home connected with the Elizabeth General Hospital is to be enlarged and many improvements made. Recreation and class rooms provided, as well as a number of rooms for an increased number of pupils. The hospital, under Miss Ayers's management, is rapidly outgrowing its present capacity; a new building will soon be a necessity.

Graduation exercises of the Class of 1914 of the Mountainside Hospital Training School, Montclair, were held in Unity Church. Five young women, having completed their three years' course, including three months' service in the wards of the New York Lying-In Hospital, were awarded their diplomas and presented with Mountainside Hospital nurses' pins and duly enrolled with the eighty-eight other alumnae graduated since the school's beginning, nineteen years ago. Mrs. Franklin H. Hooper, president of the board of governors, acted as chairman. Dr. William T. Wilcox, of the Westminster Presbyterian Church, Bloomfield, offered the prayer for success of the future careers of the graduates. The address to the graduating class was delivered by Henry E. Jenkins, of Montclair. In the absence of Dr. J. S. Brower, the president of the visiting staff, Dr. L. W. Halsey, first spoke a few words of congratulation and advice. Mrs. Arthur Schroeder, chairman of the training school committee, pinned upon each nurse the Mountainside Hospital pin, her insignia of honor and service. Following the exercises a reception with dancing and refreshments was given the members of the Class and their friends at the Evans home. The Class consisted of Miss Evelyn W. Stuart, Miss Ruth Dodge, Miss Marjory E. Ball, Miss Gladys L. Field and Miss Isabella M. Cameron. Miss Stuart and Miss Cameron were the honor graduates. The Mountainside Hospital Alumnae Association gave a dinner and dance in honor of

the graduating class of 1914 at the Hotel Montclair. Dinner was served in the private dining room. Covers were laid for twenty. Miss Willer, the president, was chairman, and gave a short address to the graduates, wishing them success in their careers. Following the dinner all enjoyed the dancing.

Before a large gathering of friends the eighteenth class of nurses was graduated from the Nurses' Training School of the Morristown Memorial Hospital on the afternoon of June 14. The members of the class are: Miss Janet Foran, Miss Grace Mitchell, Miss Marie Alex, Miss Elizabeth Dickission, Miss Dora Toole, and Miss Anna Teresa Maloney. The exercises, held in the parlors of the hospital, were opened with an invocation by the Rev. Philemon F. Sturgis, rector of St. Peter's Church; J. Edward Taylor, president of the board of directors, presided. Rev. Merle H. Anderson, pastor of the South Street Presbyterian Church, made the address to the graduates. In congratulating the graduates Dr. Anderson stated that of all the graduations of schools and colleges, the most significant of all in its far-reaching effects is the commencement which sends out a class of nurses to their service. The diplomas and pins were presented by Mr. Taylor. Following the exercises tea was served to the graduates and their friends in the Nurses' Home. In the evening the graduates were the guests of the Training School Alumnae Association at the annual banquet at the Morristown Inn. Miss Ethel M. Hunter, of the Alumnae Association, welcomed the guests in a few appropriate remarks. Miss Alex responded for her class. Miss Mann, superintendent at the hospital, gave an interesting talk on the work and value of an organized alumnae. Dr. Dean, who is the pathological expert at the hospital, was another speaker of the evening. The recently elected officers of the Association took office on this occasion.



Pennsylvania

Four trained nurses, graduates of the Bloomsburg Hospital's training school, received their diplomas at the hands of Dr. J. S. John, head of the school, at the graduating exercises in June, held in the Normal auditorium. Included in the number was North M. Leidy, the first man nurse who has been graduated from the training school. Palms were used in the decoration of the stage, upon which were grouped the graduating class, the junior class, the speakers of the evening, directors of the hospital and members of the hospital staff. Dr. J. S. John presided. Miss Ruth

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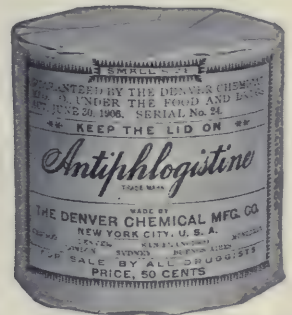
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Sharretts made the annual presentation of pins to the members of the graduating class. The speaker of the evening was Rev. Dr. R. H. Gilbert. The keynote of Dr. Gilbert's address was the stress laid upon the necessity of a close relationship between religion and the work of the nurse or the physician. Dr. Waller made the presentation of prizes. Miss Frease received the prize for the highest average in the class, North Leidy the prize for proficiency in bandaging, and Miss Frease the prize for proficiency in dietetics. Miss Rebecca Allen received the Junior class prize for the highest average. The class roll is as follows: Mabel R. Robbins, Lela V. Larish, Jessie L. Frease, North M. Leidy. The exercises in the auditorium were followed by a less formal class night program and supper at the hospital. Only members of the alumnae and graduating class and the hospital staff attended. Miss Rebecca Allen, of the Junior class, appeared as a fairy prophetess, North Leidy as the class historian, and Miss Larish gave class will. Miss Cain, of the Junior class, as the goddess of flowers, gave a flower to each of the graduates, and Miss Helen McCue, of the Junior class, made the presentations. The supper, served by the Sisters, was entirely informal.

The fifteenth annual commencement exercises of the Training School of the Kane Summit Hospital were held in the First Presbyterian Church of Kane, Pa., on the 26th day of May. There were four graduates in the class—Misses Hazel Parker, Ella Nelson, Erla Thompson and Teresa Rich. Dr. W. P. Burdick delivered the graduating address. After the exercises the faculty held a delightful informal reception. On the evening following the commencement the Alumnae Association banqueted the graduating class at the New Thompson Hotel.

The regular monthly meeting of the Alumnae Association of the Allentown Hospital, which convened Tuesday, June 2, 1914, was well attended. Dr. C. D. Schaeffer gave a talk on modern methods and anesthesia, discussing general anesthesia, local anesthesia, spinal anesthesia. He pointed out the methods of preparing patients for each, the use of the various methods indicated by the conditions of patients and the after care required in these cases after operation. After this lecture he demonstrated the modern methods in instructing the pupil nurses in the training school connected with the hospital, using the Baloptican, with which he showed the slides of hystology, and the various methods

required in the art of nursing, in hospital work as well as in private homes. After the papers were finished, the directress of nurses, Miss Alma M. Viehdorfer, entertained them with refreshments.



Florida

Mrs. Harrold Cook entertained several of the Jacksonville nurses in honor of Miss Borden, who left for Teachers College, New York, June 29, to take up the study of public health nursing. Miss Borden is secretary of the State Nurses' Association of Florida. Among those present were Miss Borden, Miss Anna L. O'Brien, Miss Irene R. Foote, Mrs. S. Anderson, Miss Josephine Rugg and Miss Mary L. McAuliff.



Alabama

The South Highlands Infirmary Training School of Birmingham, Ala., graduated a class of ten on May 20. The exercises were held in the Nurses' Home, medals and diplomas being presented by the president, Dr. U. J. W. Peters. The graduates were: Misses Sarah Woodward, Irene Jones, Gertrude Burell, Jessye Davidson, Beatrice Key, Mary Thomas, Wanita Ham, Irma Corbett and Pearl Thomas.

Mrs. Mary Byrne Irwin has resigned her position as superintendent of the South Highlands Infirmary, to take a long-needed rest.



Missouri

The Kansas City Graduate Nurses' Association held its regular monthly meeting at their new club house, 3031 Charlotte Street, June 3. About forty members were present, as well as representatives from the graduating classes of the different training schools of the city. The report of the special committee on securing a club house was submitted in the form of an attractive and comfortably furnished house. Between four and five hundred dollars had been expended on furnishings. The Superintendents' Association furnished one room, the University Alumnae furnished the registrar's room, the Scarritt Bible and Training School Alumnae donated ten dollars, the Kansas City General Hospital Alumnae donated fifteen dollars, the staff of the Visiting Nurses' Association donated porch furniture and a bookcase. The Keith Furniture Company donated ten dollars, and gifts of linen were donated by individual members. Miss Charlotte B. Forrester spoke to the nurses on the growth of the Association and its work, and told how if one object was kept



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steadily in view, we would be sure to obtain it, as was evidenced by our present club house. Some six years ago, at a meeting held by a few members of the Association, a club house was first talked of. On the way home one member paid the car fare of the entire party, and when some one objected, said, "Well, you can all pay me your fares, and we will start a club house fund." This was done at different times, and from a nucleus of \$2.55 has grown our present club house. After adjournment, the members inspected our new home, and were served with refreshments by the alumnae of St. Luke's Hospital. During the months of July and August the regular business sessions of the Association will be suspended, and informal meetings will be held in the evenings of the regular meeting days. We wish to extend a cordial invitation to any and all nurses who may be visiting or passing through Kansas City to visit us at our new club house.



Michigan

There is an old saying that while one person is busy saying it cannot be done, another is away doing it somewhere else. This has been proven true in Detroit. For many years nurses in Detroit have dreamed of having a place which might serve as a central headquarters for out-of-town nurses and provide opportunities for social gatherings of resident nurses, where a pleasant hour might be spent when off duty, without any feeling that they were intruding on private domains. Difficulties of one kind and another have postponed the dreamed-of club house, until a plan materialized in the fertile brain of Miss Carrie P. Vanderwater, R.N., principal of Grace Hospital (Detroit) Training School, whereby a club house meeting all the needs could be made possible. To this end a large building known as the Southwick Building, at the junction of Sixteenth Street and Cumberland (formerly Bagg) Avenue has been leased and will be opened as a club house about August 1 of this year. The building is just six minutes' walk up Sixteenth Street from the main entrance of the Michigan Central Depot. Transients will be accommodated with rooms, as far as possible, and nurses coming to the city may have mail addressed to them at the club house. The club will be comprised of the superintendent, the nurses in residence and associate members as they may wish to join. Associate members have all the general privileges of the club house and later may become residents as vacancies occur or new quarters are added. Mrs. Hattie J. Thurston, formerly of Chicago, who will

be the resident assistant and house mother, will open offices at the club house about August 1. The club house has a great porch extending entirely across the front of the property, main floor, promenade deck and a roof garden, each with its cosy little nooks and corners. Two of the floors are to be glassed in and so arranged as to provide every out-of-door comfort, both summer and winter. A generous supply of eye-bolts have been placed in the ceilings, so that couch hammocks and swinging net chairs may be used without stint. The interior is arranged so as to make one, two or three-room suites, each with its own private white-enamel bath and a most liberal supply of hot water always on tap, sufficient to supply fifty baths an hour when required. In addition there is a shower bath room for general use and a fully equipped "dark room" has been provided for the "camera fiend." There will be, for the free, general use of all, a business office, telephone, large dining room and fully equipped kitchen and laundry.



Iowa

The Iowa Methodist Hospital Alumnae Association held its annual banquet at the Hotel Chamberlain, Des Moines, May 30, 1914. Fifty-five members were present. Miss R. E. Bidmead, who is superintendent of nurses, was the guest of honor.



California

The Class of 1914, of the Emergency and General Hospital Training School for Nurses, Los Angeles, was held at the Ebell Club House, Friday evening, June 12. Class roll: Katherine Allwardt, Maude I. Carter, Olive Cushman, M. Esther Cone, Charlotte P. Freeman, Mae Hayes, Rosalie V. Hull, Jennie S. Levine, Ellen M. Noble, Frances R. Plumer, Viola Salada, Eva W. Stevenson and Susie E. Whipple. Reception and dancing followed the exercises.



Personal

Miss Annie L. Macon has accepted the position of head nurse at the City View Sanitarium, Nashville, Tenn. Miss Macon is a graduate of St. Thomas Hospital, Class of 1913.

Miss Amy Elizabeth Pope, graduate of the Presbyterian Hospital School of Nursing, New York City, has been appointed dietetist at St. Luke's Hospital, San Francisco, Cal. Miss Esther Brown, also a graduate of the Presbyterian

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Hospital School of Nursing, has been appointed superintendent of nurses of the same institution.

Miss S. L. Rutley has been appointed superintendent of nurses at Mt. Zion Hospital, San Francisco, Cal.

Miss Gertrude Smith, a graduate of the Emergency Hospital School of Nursing, Buffalo, N. Y., Class of 1905, has accepted the position of superintendent at Joseph Hospital, Joseph, Oregon.

Miss Charline Hardacre, R.N., of St. Louis, has recently returned to the United States from Manila, Philippine Islands, where she has just completed three years in the Government service, during which time she held the position of anesthetist in Philippine General Hospital.



Marriages

Mr. and Mrs. A. Mackenzie announce the marriage of their sister, Mabel Holden Mackenzie, to Kennett M. Sargent, of Dover, N. H., at Cliftondale, Mass., February 26, 1914. The bride is a graduate of the Class of 1914 of the Westboro Training School for Nurses, Westboro, Mass.

The marriage is announced of Wilda J. Lewis, of Oshkosh, Wis., graduate of the Training School for Nurses of the German-American Hospital, Chicago, Class of 1914, to Richard F. Allner, of Chicago. Mr. and Mrs. Allner will reside in Chicago.

On June 23, 1914, at St. Catherine's Church, Shelburn, Vt., Catherine Alice Crowley, graduate of Fanny Allen Hospital Training School for Nurses, Winooski, Vt., to Thomas Stanton, of Vergennes, Vt. Mr. and Mrs. Stanton will make their home at Burlington, Vt.

On June 25, 1914, at Springfield, Mass., by the Rev. Charles A. Wight, Mary Luella Carver to Mason Lamb, of Greenfield, Mass. The bride is a graduate of the Springfield Hospital Training School for Nurses. Mr. and Mrs. Lamb will be "at home" after October 1 at Greenfield.

On June 17, at home of bride's parents at Neshanic Station, N. J., by Rev. B. V. D.

Wyckoff, Miss Eleanor E. Hall, R.N., of Hospital for Women and Children, Newark, N. J., Class of 1909, to Mr. Howard J. Dilts, of Bernardsville. Mr. and Mrs. Dilts will reside at Basking Ridge, N. J.



Births

At Danielson, Conn., June 21, 1914, a son, to Mr. and Mrs. George E. Prentice. Mrs. Prentice was formerly Miss Elizabeth Russ, graduate of W. W. Backus Hospital, Norwich, Conn., Class of 1905.



Deaths

On June 5, at Memorial Hospital, New London, Conn., Selina Flint. Death was due to cerebral hemorrhage. Miss Flint was born in Amherst, N. H., and was one of the three nurses who graduated in the first class from the Memorial Hospital Training School for Nurses, New London, nineteen years ago. Her work since lay almost entirely in New London, where she was most beloved, and she will be missed and mourned as few nurses have been. A brave, loving, helpful woman, who has left the imprint of her busy, happy self with all her love and loyalty upon each and all who knew her. The funeral services were held in New London at the Nurses' Registry. The burial was in Winchester, N. H.

On June 25, at Mary Hitchcock Memorial Hospital, Hanover, N. H., Bertha M. Hopkins. Miss Hopkins was a graduate nurse of the hospital in which she died.

The Alumnae Association of St. Joseph's Hospital Training School for Nurses, Providence, R. I., had a high mass of requiem offered in St. Joseph's Hospital Chapel, June 29, for Mrs. M. J. (O'Toole) Cutting, of Los Angeles, Cal., who died in that city June 10. Mrs. Cutting was a graduate of St. Joseph's and an active member of the Alumnae.

On June 24, 1914, at the home of her mother, Fort Smith, Ark., Miss Lucy Josephine Kars, a graduate of Sparks Memorial Training School for Nurses, Class of 1913. Miss Kahr's death was very sudden, due to meningitis.

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Book Reviews

Materia Medica for Nurses. By A. S. Blumgarten, M.D., Instructor of Materia Medica at the German Hospital Training School for Nurses, New York. 664 pages, illustrated. Price \$2.50.

The author tells us that the object of this text book is to develop *intelligent, trained observers of the effects of drugs*, and to enable the nurse to administer medicines accurately. Dr. Blumgarten believes that the majority of text books for nurses are entirely too technical, and that the nurse learns a great many technical terms without gaining a clear idea of the changes that drugs produce in the functions of the human body; so in this work the attempt is made to teach facts, not words, and always to proceed from the known to the unknown. The pharmacological action is arranged in a simple, concise manner, to facilitate the remembrance of the text. The numerous tables throughout the book correlate the facts already learned; for example, a table of cardiac stimulants follows the discussion of the drugs in this group; a table of comparative actions follows that of the atropine group, etc.

In order that the nurse may be able to compare the effects of a particular drug, given to an individual patient, descriptions of the appearance of the patient are inserted in the text.

The chapter on "Solutions" deals with this subject at great length. The rules for the calculation of solutions are the author's own, and he has found them in actual practice to be the easiest and simplest. This chapter also contains many helpful tables, such as "Saturation Points," "Usual Strengths of Standard Solutions," etc. The introduction of special features such as "Prescription Reading," and the inclusion of "New and Non-Official Remedies," has made the book larger than most of the books on this subject, but the author believes this subject essential, as prescription reading is required by many of the State Boards, and as the nurse has to administer the "New and Non-Official Drugs," she should have some place to turn to in order to find the action and preparation of them. We have already tested the value of this part of the book as a reference, and have found descriptions of drugs not given in other text books. The

classification of the drugs is based upon their therapeutic use. They are arranged in two distinct groups—"Stimulants" and "Depressants," and then according to the particular organs of the body they principally affect. The group of plates representing the method of preparing and administering required doses of medicines from stock solutions of various strengths are most instructive. A specially good feature of the book is that, in addition to its educational value, we find all through it numerous practical points which should prove of great help to the nurse in private practice in her every-day work.



Nurses for Our Neighbors. By Alfred Worcester, A.M., M.D., ex-president of the Harvard Medical School Alumni Association; president of the Waltham Training School for Nurses; Chief of Maternity Service Waltham Hospital, etc. 267 pages. Price \$1.25 net.

Everything on the subject of nursing from the pen of Dr. Worcester is of so much practical value that it is only necessary to mention his name in connection with a new book to assure for it a hearty welcome. This book gives a history of nursing both here and abroad, and makes a strong plea for the infusion of a more personal human interest into the nurse's work. The book is in nine chapters, as follows: Our Common Problem; Medical Methods Old and New; Ideal Nursing: My Search for It; The Art of Nursing in the Old World; Old-Time Nursing in New England; American Nursing Schools; Responsibility for Shortcomings of Modern Nurses; How to Get Better Nursing Schools (a part of this chapter was previously published in THE TRAINED NURSE AND HOSPITAL REVIEW); Amateur Nursing and Neighbor Helping.

The chapter on "Ideal Nursing: My Search for It," is a most delightful one, containing sketches, and descriptions of the author's interviews with Miss Nightingale, Princess Beatrice; Miss Luckes, of London Hospital; Miss Swift, of Guy's; Miss Monk, of King's College; Miss Crossland, of St. Thomas's; Miss Amy Hughes; Mrs. Strong, of Glasgow, and others.

The chapter on American Nursing Schools is
(Continued in Publisher's Desk)

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For information about the school, address the director, Dr. Gudrun Friis-Holm, at her summer address, Quaker Bridge Camp, Croton-on-Hudson, New York, N. Y.



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Table of Contents

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	PAGE
VOTES FOR NURSES AND THE HOSPITAL.....	<i>George Edward Barton</i> 129
THE PSYCHOLOGY OF NURSING.....	<i>L. F. Simpson, M.D.</i> 133
MISSION HOSPITAL LIFE IN THE INTERIOR.....	<i>"Missionary Nurse"</i> 137
BEDSIDE TEACHING.....	<i>Amy A. Armour, R.N.</i> 141
NURSING IN DISEASES OF THE HEART.....	<i>Minnie Genevieve Morse</i> 145
THE NURSING OF CHILDREN.....	<i>Minnie Goodnow, R.N., and Zula Pasley, R.N.</i> 150
HYGIENE AND COMFORT FOR THE FEET.....	<i>W. S. Birge, M.D.</i> 153
REMINISCENCES OF A NURSE.....	<i>Jeanne Gordon</i> 154
DEPARTMENT OF PUBLIC WELFARE.....	156
GLEANINGS.....	158
EDITORIALLY SPEAKING.....	160
THE HOSPITAL REVIEW.....	164
THE EDITOR'S LETTER-BOX.....	169
IN THE NURSING WORLD.....	173
STATE EXAMINATION QUESTIONS (LOUISIANA).....	175
NURSE REGISTRATION BILL (KENTUCKY).....	176
BOOK REVIEWS.....	186
NEW REMEDIES AND APPLIANCES.....	188
PUBLISHER'S DESK.....	192

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The Trained Nurse and Hospital Review

VOL. LIII.

NEW YORK, SEPTEMBER, 1914

No. 3

Votes for Nurses and the Hospital

GEORGE EDWARD BARTON

THERE are in many callings and professions a few brilliant examples of woman's ability to attain the eminence of her brothers in the same line. It would seem, however, that there is but one profession in which the majority of those who practise not only are women, but in which women attain generally a standard universally admitted to be higher than that which man does attain. The woman professional nurse has proved her strength, ability and superiority, and this in a comparatively short time. For while the imagination flies back to the beautiful and picturesque figure of Florence Nightingale and the Crimea, the searcher after facts finds that less than ten years ago *The Boston Medical and Surgical Journal*, May 25, 1905, says: "That nursing is hereafter to be regarded as a profession is shown by many recent events. In popular parlance, the term 'trained nurse' is apparently giving way to the designation 'professional nurse,' and the general trend of opinion appears to be to exalt the work of nursing to the rank of a so-called liberal profession. We have on various occasions commented on this tendency and expressed a degree of skepticism regarding this extension of the work of nursing. It matters, however, very little whether nurses bind themselves together in a profession or not,

provided they best fulfil the function for which they exist. In the minds of those promoting the further education of nurses it is clear that greater efficiency is to be attained by the new methods than by the old. We have no desire to express an opinion on this point, but we are convinced that the success in the new movement cannot be assured until many years of experience have passed."*

I am not one of those referred to as endeavoring to exalt the position of nurses. I can see no way by which it could be exalted, but merely as a student of human conditions, I have certain observations to make regarding the future of hospitals, of what may be expected, and to point out certain facts connected with hospital management which perhaps, from the fact that I am not a doctor, may be worth considering.

If I am correct in my premises, that women have proved their superiority in nursing, one might reasonably expect to find in this age of feminist movements such a body of clean, intelligent, trained, self-respecting women, of high character and nobility of purpose, to be among the best organized of all the women's movements; and that such an organization would have and would exert a great influence, especially

*U. S. Bureau of Education, No. 352, p. 2148.

in its own realm of the world's work. Such, however, is not the case. This is the more surprising in view of the fact that the efficacy of the hospital depends not upon the amount of its endowment, or upon the size or quality of its staff, *but upon the number of nurses who can be put on duty and kept there in good physical condition.*

It would appear that the nurse has the hospital problem in her own hands, is in the position of the skilled mechanic whose work is necessary for the running of a factory, and who, being necessary, can dictate terms and hours so long as he maintains the requisite standard of excellence. The nurse has not as yet made the mistake of the unions by lowering the standards of labor; quite gloriously the indications are all in the other direction. Why, then, does the profession not "rise," and demand greater recognition—elsewhere, I mean, than in the nurses' home? One reason is doubtless on account of the absolute domination of the doctors, who can break a nurse at will without explanation or excuse. I have no intention of accusing the doctors of injustice. But admitting that this power exists, one would expect to find that the doctor is at least thoroughly conversant with the nursing problem and of its importance; but this is not the case. The doctors accept as necessary a limitation as to what a nurse should and should not be allowed to know regarding their work and the work of the hospital, but as a whole they seem to have failed to grasp the fact that a similar attitude is maintained by the nurses toward their (the medical) profession, and that it is practically impossible for a chief of staff to know or to find out about certain conditions which may exist in his own hospital.

Now *there are hundreds of millions of the dollars of the American public invested in hospitals*, for which that public has not even gaily printed certificates of stock to show, and up to the present the control of those funds has been almost entirely in the hands

of the doctor, for while nominally the hospital is under the government of boards of "trustees," "control," "directors"—whatever they may be called—practically *all of the information which such boards can obtain comes through the staff*, and they, being human, must naturally color their words to these boards with their own desires.

The other day a Canadian gentleman said to me: "It is necessary for us to keep up the standard of our Canadian girls in order that they may come across the border and nurse back to health your American men." This is unfair to the American girl, but is it not time for some one to ask, even in such a hallowed place as a trustees' meeting, "What of the future of our training schools?" I should like to ask what is being done to conserve the training schools for the benefit of the hospitals of the future? For, if the hospital does, as I have presumed, depend upon the number of nurses who can be kept on duty, then we are forced to the inevitable but surprising conclusion (surprising, I mean, for the nurse) *that the training school is no more dependent upon the hospital than the hospital is upon the training school.* And steps should be taken, not only for the better care of nurses in training,* but to keep up the supply for the future. He would be a poor shop manager who invested largely in machines without some proof that he could, before they were scrapped, obtain sufficient material to keep them running; or who invested in a large amount of material if his machines were in danger of being scrapped.

The United States Bureau of Education, in its report upon Nurse Training Schools (1907), p. 1125, gives 323 as the number of "nurse pupils" in 1880. The number about doubles each year, until in 1890 there were 11,164. But while in 1880 there were fifteen training schools in the United States, in 1890

*Any information regarding the number of nurses "unfit for duty" and the proportion of time lost, through sickness, during training will be gratefully received by the author. Address, Consolation House, Clifton Springs, N. Y.

there were 432. Apparently there is nothing in that proportion to cause worry. Why, then, are so many superintendents of nurses worried? Why has the age limit gone steadily down until the old "23" has become a joke with a new meaning? If the supply of pupil nurses should decrease or stop, some of these schools must close. Admitting (for argument) that the doctors are correct in their attitude toward the schools, why, then, indeed, "What of it?" *But what will become of the hospitals which depend upon those schools for their nurses? And what of the money invested in those hospitals?*

The hospital could not be run as at present without the free or cheap labor of the school nurses, that is, if it had to pay graduate nurses for floor and ward duty.

Multiply the number of school nurses on duty in your hospital by the number of dollars a week a graduate would receive and this by 52, and you have in dollars the *interest* upon the amount of money your hospital can afford to borrow and expend upon *its training school* in the face of the disintegration of that school.

Forgetting the nurse's feet and putting aside sentiment, is it not necessary for those interested in the cure of the sick to attend to the nurse's problem, if not for her sake, for the sake of the protection of the capital already invested in hospital institutions? Is it not time for some philanthropist to attend, not to a laboratory, and not to a medical school, but to this department, without which the others will be of little use?

And you nurses, is it not time for you to declare that no one has a greater interest in the welfare and standards and future of the training school than an alumnus, and that no one knows better than an alumnus the needs of her school, whether they be of instruction, recreation or discipline; that no one has a greater influence than an alumnus toward influencing other girls to become probationers in her school; and that *it is time the alumnus had a voice in the control of*

her Alma Mater. The college, the preparatory school, even the public high and grammar school boards have found a value in the vote of the alumnae of their schools. May it not be possible that it would be of some value even in the hospital?

The public lies back satisfied and complacent at the doctors' assurance of hospital efficiency and improvement, and it is true that the exact number of square feet of floor and light area per patient, etc., is now declared scientifically proved. But do we not still poach eggs and boil rectal tubes on the same gas stove in almost every hospital in the country? What trustee ever heard of such a thing, especially if a new laboratory was "needed."

The public has been lavish in its help for medicine and surgery, and the doctors have done all that could be expected of them in bringing the hospital to its present state of excellence; but the hospital is still far from perfect, and the nursing department has not been encouraged or allowed to keep pace with the others.

Now, how would it be possible for the nursing profession to get the ear of the trustees, or of the patrons of the hospitals? How possible for them to learn of the needs of the nursing department? That the alumnae be allowed to vote for their own superintendent of nurses would be too dangerous, for to have a responsible officer dependent for her position upon her subordinates is unwise under any condition. But it does seem possible that with all the new hospitals which are being built, with all the level-headed business men and women who are giving great sums for hospitals—it does seem possible that one will sooner or later stipulate for the election of at least *one trustee upon a hospital board who shall be elected by the alumnae of the training school*; one who would represent them at board meetings and who would be conversant with their work and needs and problems and their attitude; one to whom they could and

should go without violating that professional attitude toward the doctors which is so ingrained during their training.

A superintendent of nurses told me once that unless each "probe" came and cried in her lap she considered that somehow she has failed to do her (the superintendent's) duty. I know that to be an exceptionally high standard, yet how many superintendents have lost their jobs because with the manager kicking at a score of nurses on call, she could not provide one instantly to meet the idiosyncrasy of each member of the staff? When the chief leaves the superintendent of nurses in tears at her desk for such a cause he has perhaps gratified his own sense of dictatorship, but he may not have increased the efficacy of the hospital.

It is hard enough for the superintendent of nurses to discover what the attitude of her own pupils is toward her; it is quite impossible for the chief of staff to do so. Why, then, should her appointment be left in his hands? Is it not necessary (for the conservation and standing of the school, I mean) for the pupil (the future nurse) to have some one to whom she (not *can*, but)

will turn when the first patient whom she has tended with the high and holy endeavor of a maiden, tries to kiss her? Does she not then need more than "A Lecture on Ethics," even though given by the foremost physician of the country?

You R.N.'s, is not that the examination you fear for the junior more than her Mat. Med.? Is it not time you had something to say about it? Of course, little or nothing can be expected from the doctors in the way of assistance. Their power has been absolute for too long a time.

But unless our hospital problem is solved, unless our hospital is as perfect as we can make it, unless it is to stop improving and begin to degenerate, then it is necessary that some way be found to maintain a better balance between its different departments; it is necessary, not so much to improve the nursing department, but it is necessary to improve the department in which the nurse works, and as she is the only one who knows or can find out what the conditions and needs of her department really are, it is necessary to give her a voice, a vote in its management.

KNOWLEDGE

Wouldst thou know thyself—observe the actions of others;

Wouldst thou other men know—look thou within thine own heart.

—Schiller.

The Psychology of Nursing*

L. F. SIMPSON, M.D.

Assistant Surgeon St. Mary's Hospital, Rochester, N. Y.

IT IS not my intention to speak of the lofty ideals that should inspire a nurse, nor do I wish to say aught of the dignity, honor or glory of nursing, nor of nursing as a profession, but I do wish to say a few words upon the art of nursing, upon the elements that go to make a successful nurse.

Real nursing is an art, and a real nurse is an artist—her work is a joy to witness. A real nurse need have no fear of the future—she is above competition and her success is only limited by her physical powers. She loves her work as an artist should, and, although work well done is its own reward, still she is conscious of the fact that in each case she has taken a definite part in curing the patient.

We often speak of curing a patient, but do we really do it? I am not speaking of operations, nor of the use of the specific sera—in these cases, undoubtedly, we do a great deal, and without us the patient would die—but I am speaking of the vast majority of illnesses, acute and chronic, post-operative, infectious, contagious or nervous. How many drugs are indispensable? The opiates, mercury, salvarsan, quinine, a few cathartics, possibly a few heart tonics, diuretics. The experienced physician uses very few drugs. Certainly, in the average case the average dose of medicine has little effect. That it has some I cannot deny, but I must say that we have much more powerful influences for good at our command. We have hydrotherapy, mechanotherapy, electrotherapy and last, and perhaps the greatest, psychotherapy, that is, the influence of the mind of one person over another. We all have the same amount of capital in the knowledge

of the use of drugs—baths, massage or electricity, but why is it that one doctor or nurse is the much more successful than another when both use the same remedies—does not the secret lie in the person using them?

Before proceeding, let me state a few fundamental facts: A human being is an individual composed of two distinct parts—an ego, mind or soul, and a physical part, the body. There is always going on in each individual a constant series of influences of one upon the other—of the mind upon the body, of the body upon the mind. There can be no doubt that an unfavorable state of mind lowers the vitality of the body, and that a sick body usually has a mind that is very unstable and very susceptible to any impressions from without.

Another fact is, that a person can influence another person through the agency of the mind for good or ill, and this is known as suggestion. A superior person always makes himself felt, and by the power of suggestion makes others do his will. It is the secret of success of all successful people—the ability to influence others; and, depending upon whether a person has little or much of this personal “magnetism,” so-called, he will succeed little or much. In the ordinary work of life we all quickly reach our level and stay there. So with individuals—we are not all equal! Some are bigger and better than others and they will lead in the end. The power of suggestion can be developed and each individual owes it to himself to get out of himself all the power that he can.

In addition there is the power of auto-suggestion, that is, a person can suggest to

*An address to the nurses of St. Mary's Hospital, Rochester, N. Y.

himself and make or unmake his whole nature. A person can deliberately (if he be brave enough) think only good thoughts, wonderful thoughts, the "I can and will" kind, and develop such a state of mind that he is bound to succeed. On the other hand, a person can harbor thoughts of fear, worry, trouble, possible failure—and such a person will be dangerously near a failure before he starts. We are usually a mixture of these two. The persons who can think the right kind of thoughts will win every time.

What has this to do with nursing? It is the very backbone of it. The successful nurse is one who has great power of suggestion for good; she controls the situation and the patient knows it. She radiates out of the patient the thoughts that make her what she is.

There is such a thing as Christian Science (a misnomer). The followers of this creed absolutely deny the existence of disease. It is all an error of the mind. They kill a few—so do we. Do they do good? Any one who denies that their cures are not many and at times wonderful has not his right senses. What is necessary? Faith! How does it work? Auto-suggestion! They talk themselves into it. Use their methods and not their creed. I am not defending them at all—I think they are dangerous to a great degree—but they have a grain of truth and it is a wonderful grain. Steal it. If they did not have a grain of truth they would have died out. They are not dying yet, but will, no doubt, in time. In other words, a person, nurse or otherwise, can deliberately train himself up to his highest capacity for good by auto-suggestion, and can use that good in a wonderful way by means of suggestion of the character of him who makes it. Sick people are very susceptible to suggestions of all kinds and the right nurse or doctor can do almost anything with a person who has been led by these means to believe in them.

Let one physician take a chronic case or

one very sick—it is in these cases particularly that I speak—and let him use drugs, baths, fresh air, etc., all in a routine way, by a routine nurse (making hard work of everything), and the convalescence will be slow, if at all. Let another man use the same methods, and in addition let him inject some enthusiasm—let them all work together with the fires of hope and cheer burning high, and watch the result.

Why do surgical patients after the most severe operations at the Mayo's move in a few days to a hotel? At the Mayo's everybody is a winner and you cannot lose.

Dr. Crile, of Cleveland, holds that surgical injury, fear, fatigue, the toxins of disease, all produce the same changes in the brain cells. In all cases there is a definite loss of substance in the nerve cells of the brain, as shown by staining methods. He also showed that these changes, in the majority of cases, could be prevented by proper treatment, both in animals and in man. I have, for instance, noted a case of carcinoma of the stomach, of which the patient was aware, handled as follows: He was a farmer unused to city ways. He came to see the big surgeon. He was thoroughly afraid, I can assure you, when he arrived. He was at once made comfortable by a very kind and pleasing office girl, who made him at home, got him to talk about himself, told him how well he looked, how everybody the surgeon operated on got well, how he would soon go home all well, etc.—in other words, she removed his fears; he felt at ease, his heart stopped bounding and his nerve cells got a rest. Then he went to the surgeon, who made the diagnosis, always with the same reassurance about his getting well, etc. From here he went to the hospital, and there it was all the same—how fine he looked and how they all got well, how he would soon be home again. I guess he began to enjoy it by this time. The next day the surgeon operated under gas anesthesia, took out nearly the whole stomach. The man went

on the table with a pulse of 70, came off with 72 pulse, and I saw him sitting up in bed the next morning, laughing.

This, I believe, was largely a mental process. The man had his fears removed, his courage redoubled, and he could have stood an operation of twice the magnitude had it been necessary, and he would have rallied nicely.

In other words, a real nurse has two distinct duties to perform—to remove fears, worries and doubts, and secondly, to inspire hope, cheer and courage, having this knack along with her ability to do routine things in a way to make them interesting. Combine this with her true womanly traits of sympathy and tenderness, and who can say that the results will not be marvelously better?

Every patient must be studied individually as to what kind of mental treatment is necessary. Above all, let the nurse be sincere. Do not be afraid to work, do not let dignity stand in the way (a very dignified person is usually impossible). Do not, on the other hand, lower your personality so that you cannot command respect, because in that rests your ability to influence the mind of the patient. Assume command, go to work, make the fur fly, do something to let them know you are alive, let them know you understand, so they will have confidence in you; meantime you can get the lay of the house, find out who is boss in the house and who is not, find out whether they are of a humorous or serious turn of mind. Do not be humorous where seriousness is demanded. Do not be wearing a long face where it is not necessary. Few of us are really witty, so if you are not sure of yourself nor very well acquainted, keep the jokes until the convalescence sets in. Be pleasant, be light-hearted, but work with all your might, and show your earnestness in your face. Your work may not be doing much good in itself, but it creates a new atmosphere of hope and courage in the house, and that is what wins. The middle class of people, as a rule, do not

like trained nurses. They say, "We will have to have a nurse and then somebody to wait upon her." If you are going to such a home, go with the intention that when you leave the household and all their relatives will be weeping salty tears, and that they will shout your name wherever "nurse" is mentioned.

Never give an opinion on medical matters nor give free advice to any one. Never make a prognosis because it is not necessary, and if you do you will be wrong, usually, and so lose your power for good.

Talk as much as you want to, but not on subjects relating to the case. Put the responsibility on the doctor, carry out his orders, work like a nailer, be cheerful, be hopeful; never give a sad prognosis to the family in the kitchen, because the patient can read their faces when they come in.

Keep the bedroom looking like a bandbox—do it with what you have, don't make poor people paupers buying unnecessary things; keep it clean and bright—a few flowers (a bedroom should not be a greenhouse), rearrange the pictures if you care to and have the time, keep the bed looking as though every day was a holiday; study the mentality of your patient, find his fears and troubles (we all have them), reason them away, brush them away, laugh them away, get them away; have the whole family as your aids in telling the patient how well he looks, what fine color he has (you would be sick yourself if the first ten persons you meet in the morning should tell you how poorly you looked, even though they had planned to do it as a joke on you), how soon he will be out, what a fine, wonderful doctor he has, how you remember in the hospital how well his patients all did (maybe)! In other words, to study the patient, to find out what mental food he needs (and that requires some practise and some never acquire it), then feed it in large meals; always be a winner in your talk, always be getting well; never say die, doing the routine duties of a

nurse well—better than the next nurse could do it (as you think).

If a person likes mental butter, give him butter; if salve, give him salve; if more firmness in his backbone, be serious and give him that. If his outlook on life is through a smoked glass, brighten it with a smile; if he is a grouch, heap little kindnesses on him until he is ashamed; if he is peevish, be patient and see that there are no pins sticking in him; if he is jolly, be wholesomely so, and if he is a cad, be dignified but not frigid. He is the Lord's handiwork, but his outlook on life is crooked. "For we are fearfully and wonderfully made"—some fearfully, some wonderfully. Be charitable for charity's sake! Gratitude is a rare disease. There is some in the world, though.

Now picture to yourself two nurses—one well groomed, cheerful, efficient, working hard, with the smoothness and ease of an expert, with no excitement, no uncertainty, talking easily to a comforted patient on a variety of subjects, as occasion may demand (or not talking at all)—success written over all. Good psychotherapy. The other working hard, too, but nervous, irritable, tired looking, working to get things done by a short cut, with no order or system, with nerves on edge, all humor gone. The patient is a grouch. Bad psychotherapy. And the latter girl may be the 100 per cent. in her examinations, the former 75 per cent. There is a whole lot more to nursing than passing a dull examination with a high mark; but to be a 100-mark girl should not be a handicap.

Let me say here as an afterthought that it would be wise to know as much as possible about nursing and a little about everything else. Knowledge is free. Reach out and take a little. Some day you may get a patient not very sick, and your success de-

pends as much upon your ability to entertain as it does on whether you are a nurse or only wearing a uniform. An intelligent patient may want to talk to you upon woman suffrage, the feminist movement, social work, maybe physiology or even the ball game. Get as much general knowledge as you can absorb in your odd hours. It is as bad to be insipid as it is to be lazy. The competition is too keen. You may think the patient is trying to show off, or to air his or her knowledge. If you are not wide-awake with your answers the patient may marvel to himself at the fact that a nurse could get so old and yet know so little. You don't have to be an encyclopedia; just get as much as you can and you will probably do with that; that is, if you really get as much as you can. Of course, some of our patients will die—we all take our turn at that. But I firmly believe that the rank and file of nurses are not getting the best out of themselves, nor the doctors, either. Not that there are not some real nurses—there are. We have some of them. If we can, by faithfully and persistently using the methods that I have described, make our patients well quicker and with less of the continual petty worries, aches and pains that are now so prevalent—if we can by this means build up for ourselves and our hospital a multitude of friends and supporters, is it not *worth while*?

Again, let me impress upon you the fact that your mannerisms, your appearance, your every word or act are all suggestions coming from you, and that by them you influence favorably or otherwise those with whom you come in contact.

Develop, therefore, the talents that are in you to their highest point of perfection, and I know that if you do so your life will be much more pleasurable to yourself and of the greatest good to your patients.

Mission Hospital Life in the Interior

"MISSIONARY NURSE"

"Behold, the Lord thy God hath set the land before thee; go up and possess it, . . . fear not, neither be discouraged."—DEUT. 1:21.

I VENTURE to say that such thoughts as these were uppermost in the hearts of those who, on the 7th of February, stood on the site of our new hospitals at Techow, Shantung, China, and formally dedicated the ground and performed the ceremony of turning the first sod. The service was a very simple one, but most impressive, especially as one remembered that never before on those premises had voices been lifted to the one true God in praise and worship. Our beloved Dr. Chiang followed the opening song and Scripture with a few most appropriate and heartfelt remarks. Few could realize better than he, after his more

than twenty years of faithful service in the medical work of our mission station, what the opening of this work will mean to his people. What a contrast to the mobbing of the American consul in this same Techow but a few years ago, or the lawsuit entered against the friendly ex-Mohammedan who, only ten years ago, purchased for the missionaries the site in the city where our out-station work has been carried on—what a contrast to the friendly welcome given to us now, as we propose to move all lines of our work from Pangkiachwang, where our work has been located for the past thirty years, to this important and strategic centre, fourteen miles to the north.

The medical work goes first, as our present dilapidated plant is fast falling about our heads. Can you realize what the new hospi-



GROUP OF HOSPITAL PATIENTS, AND ATTENDING RELATIVES, IN MIXED COURT



EYE PATIENTS AND DOCTOR

tals are going to mean to the more than two million souls for whom they are the only means of medical relief? We will have but the simplest and plainest furnishings it is possible to procure, but O, to have clean buildings and reasonably adequate equipment to do one's work! You who are working in America's well-equipped hospitals, or nursing in the homes of the comfortable middle class, little know with what the missionary doctor and nurse have to contend as they try to do conscientious work and save life in surroundings at which you would hold up your hands in horror, and give up trying. Could you know what it is to have a hospital with no heat save that from burning cornstalks under the food kettles, with the resulting acrid smoke that fairly puts one's eyes out, yet withal sends a few welcome rays of heat along the flues of the brick k'angs—and this luxury to be afforded only by the better class—then you would know something of the gladness in our hearts that a gift from friends in Northampton, Mass., is to put a heating plant into the hospitals. We shall have all necessary heat, and *clean* heat, in our wards and operating room.

Never again will we dress wounds in rooms of freezing temperature, with aching fingers and chilblained feet—to say nothing of the patient!

And yet the lame walk and the blind see and the deaf hear and go their way rejoicing. With all that is lacking, I never go to a clinic nor assist at an operation in the tumbledown buildings that reverence does not fill my heart as I realize what God has and is doing through His messengers in these very surroundings. The work has been bravely carried on by those whose privilege it has been to uphold the medical arm of this station all through these thirty years. They have waited patiently for better things, for a new day to come to China, for new buildings to replace these that, fortunately for the inmates, in falling usually fall out!—for adequate equipment with which to do the work at hand. This is China's new day—her day of opportunity and ours, to be of very definite help. None who come to the hospitals are refused—those who can pay do so, and to those who cannot is given that for which they came and more, since in a mission hospital healing of disease and heal-



THRESHING SCENE

ing of souls go hand in hand. Our sweet-faced, white-haired matron and our beloved blind chaplain, or "the man with ten eyes," as he terms himself, are untiring in their efforts to let the light of the gospel shine into the darkened hearts and minds of these "little ones," as they stay with us. It is encouraging to the workers to see now and then immediate and marked results from this day by day teaching, as in the case of a little Mrs. Yao. She came to the hospital in total ignorance of anything pertaining to Christianity, but left us rejoicing in a simple but sweet, strong faith that we feel had much to do in aiding her recovery from a very grave operation. Her case demanded weeks of special care from the foreign members of the hospital staff, but if pay were needed, it was ever found in her patient, sweet face and never-failing gratitude for all that was done for her. After six months' absence, spent in an utterly heathen home and village, she comes back to visit us, and sings for me the hymns she learned while in the hospital, with not a single mistake, and asks for a simply written gospel story book to take home with her to help her in teaching others.

A pathetic little letter came not long ago from one of our brightest young teachers, who lies helpless at her home, fast succumbing to that dread foe of the Chinese students, tuberculosis. Would that we had now that bright, sunny ward and porch which I plan to have in the new plant for such as she, but alas! she will not live to see it. She writes: "Dear teacher sister, you will laugh when you read this and know for what I am longing. The days are so long and weary with no one to talk to. I wish I had a little friend, who had no affairs to take her away from me, who could stay by my side day and night. I would like her to have blue eyes, golden hair, like the foreigner's, and foreign shoes. And please may she have a foreign hat and clothes that I can put on and take off?" Yes, she wanted a doll, and you may be sure that all else was put aside that evening and a little china lady found to answer the description, and the following day dolly plus outfit went to be a little friend to Miss Kung. She loves her little playmate, though the hands are too weak now to play with her; she can only lie and look at her. We grieve that she suffers so long, and

pray that she may soon go to be with the Great Friend. But we know that her sweet patience in all her suffering is bearing living testimony there to her relatives and village people of the power given to Christians to endure.

Dear as are all phases of the medical work, perhaps closest to my heart, because I am a nurse and it will be my future charge, is the training school for men and women nurses which we hope to have in connection with the new hospitals. Our plant is being built on the pavilion plan with a main administration and dispensary building, so constructed as to afford the complete segregation of the sexes, so necessary a detail in the Orient. We hope to be already at work there by 1915, and, God willing, I shall be there with my first class of nurses. Ours will be the first training school in this big province of over thirty-five million souls. My task is not an easy one to train nurses here in the interior, where such a person as a nurse, as we know the term, has never been seen nor heard of. We have in China a Nurses' Association, with approved curriculum, which augurs well for the future native nurses, in mutual help and cooperation. I am hoping to be able to attend their annual meeting held in Shanghai in July, and this personal touch with those who have already opened work in China, and the answers to some fifty letters of inquiry which I sent out recently, now nearly all in, will help me in making out my own schedule. I have a nurse now studying in Peking until I am ready to take her at Techow and *finish* her so that I will have some one to start with who is not wholly green! I recently gave a talk to the upper classes of the boys' and girls' schools here on nurses and nursing ethics. It was my first public speech of any

such length, and I trust the labor and strength it cost may bear fruit in the better understanding by pupils and teachers of the requirements and aspirations of the profession. Only a few years ago the suggestion that our educated boys and girls look forward to training as nurses was met with contempt and refusal. Now many of our best pupils are applying for a place on the waiting list. Formerly for a young Chinese woman to remain single and follow a profession and retain the respect and honor of her people has been difficult if not well-nigh impossible, but a new day has come to China, and fine young women are graduating from her medical colleges, and in the years to come nursing will be in China the honored profession which it is in America today.

China's salvation in no small measure rests upon the opening up of ways and means of earning an honest living. She needs Christian business men, Christian bankers, Christian manufacturers, Christian architects, contractors, surveyors, railroad men and a score of others, all the long train which would open up and put to use her natural resources. She is educating preachers and teachers and doctors, and they were and are of the first importance, because they lay the foundations and open the door for others to follow. But all cannot be doctors or preachers or teachers, and nursing will be one of the many doors which we trust will open in the near future for men and women to make an honorable living. With all that I have said, however, I try to make it clear to all who come to me to talk about studying nursing, that we want our nurses, men and women, to regard their profession not alone as a means of livelihood, but above all else as a holy calling—one with rich opportunity to be of service to their fellow men.

Bedside Teaching

AMY A. ARMOUR, R.N.

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WE ASSUME that every pupil nurse wishes to do her very best for her patients, but she cannot divine how to do something which she has never seen nor heard of. As probationers we need wholesome young women, not only healthy but reared in normal surroundings. How can they guess how to give a douche or a hypo? Not that only! How can they quickly co-ordinate *mind* and *hands* when a patient is delirious, or the parts abnormally distorted, in which a treatment is to be given, even if their theoretical knowledge is accurate? To become an expert in mechanical engineering, a man must work among greasy, grimy machinery for years, with a skilled boss over his department. A doctor must spend months in clinics and dissecting rooms. Many a cook has spoiled a great deal of dough and somebody's digestion before she learned to make a good apple pie. If a girl cannot by divine inspiration make pies, with which she has had at least a nodding acquaintance all her life, how can she properly give a hot pack without seeing many times its dangers and its effects?

In some small hospitals doctors at first resent their patients being used as subjects for demonstration, but this can be mastered by a little diplomacy. The treatment is ordered—the demonstrator can do it better than any one else; she consults the attending physician about special details which he likes; the pupils merely assist her. She need not lecture while doing the treatment, but before and after. I have demonstrated how to put on leeches, with a private patient, for internes, graduates and pupils, without the patient knowing they were there. Many

features can be silently pointed out. The patients feel confidence in the nursing of the staff experts, and it greatly elevates the tone of a ward.

Nursing is a handicraft, and if you compare it with piano practice, where the obedient keys always respond to the pressure of contrary fingers pinched into line by a vigilant teacher, how much more necessary it is to guide the stiffer hand of an older pupil nurse over a restless child or frail patient where a mistake might be fatal! It is not fair to pupils to teach them on a dummy which can show no symptoms, is incapable of motion or response and has no small delicate parts.

Even in the largest and best equipped institutions it requires shrewd management to teach in an efficient manner. The demonstrator may be the superintendent, the directress of nurses or the head nurse of a floor, and the smaller the place the more easily she can keep all cases under her eye.

She should make early morning rounds to see what is on the ward lists of regular treatment for her to utilize, and what new symptoms to point out, in old cases, to her pupils. If she makes rounds with the doctors, she can instantly get ready, or even anticipate what they will order. By a simple card system she can know at all times which pupil needs a certain demonstration. This system is such that each pupil carries a card on which is written everything she is taught in the line of practical work, with a space for the demonstrator's initials for the lesson, and for her O. K. when the pupil has "demonstrated the same treatment back" to her twice correctly, if possible. The card is arranged as follows:

Nurse's Name	Teacher's Lesson Initialed	Pupil's First Demonstration	Pupil's Second Demonstration
No. 1—Treatments: S. S. enema Douche Hot pack No. 2—Admin. of Medicines Hypo Inunction Mouth med. Iodine Croton oil Arith. of drugs No. 3—Observ. of Symptom: T. P. R. Exam. of ear Vag. exam. Positions Ausc. set Lumbar puncture Aspiration Sphygmomanometer	B. L. C.	Fair	O.K.

This card is daily rounded out, and the charge nurse keeps it before her in assigning duties to her force. It works excellently, even with the probationers at the end of their preliminary course. Leave them to the head nurse, telling her to send for you when they must do a treatment that is new to them, and saying to them, "Do what you have been shown and if anything new comes up, I'll fly to you." Publish a list of demonstrations and ask the pupils to report which ones they have not had, or are doubtful about. They should also invite one another from ward to ward to see interesting things. The charge nurses will gladly cooperate with a demonstrator by telephoning her that such a patient has a chill, or another needs an intravenous infusion. In a large and wealthy institution it would be ideal to have three demonstrators whose methods are identical, one for each class. But where there is only one, she could take her classes by months, systematically, and where probationers are admitted every three months regularly, also follow this preliminary instruction by the more infrequent lessons of the seniors, all inside one month. In a hospital of one hundred beds, there will be about five patients admitted daily, if the service is acute, and any demonstrator can follow up that number and keep a line on their treatment while they are critically ill. She should make careful provision for relief,

or else take her hours for recreation in the dullest time of the day.

Juniors	January	Medical nursing
Intermediates	February	Surgical nursing
Seniors	March	Eye and ear nursing
1st Class Probationers		for two weeks
		Preliminary instruction for two weeks
Juniors	April	Surgical
Intermediates	May	Medical
Seniors	June	Obstetrical for two weeks
2d Class Probationers		Preliminary instruction for two weeks

By mapping out her work in its entirety for the school year, from October to June, a demonstrator should cover it slowly and surely, leaving no arrears any Saturday night. Nurses love to learn, and fairly eat up knowledge in this way, acquiring a fine class spirit as they see themselves creep over the ground. Perfect calmness is essential on the part of all teaching nurses, as well as explicit description, brief rules in the plain Saxon tongue, no high-sounding technical terms, hypnotic eyes, concentration, iron will power to drive it into the pupil's head by pure force. When a demonstrator works in the wards, supplies are kept up better, everything is put back in its place and the pupils can ask whenever in doubt about any of their difficulties. Their merits and demerits are ascertained. They can be taught to handle a poisoning case or any other emergency with presence of mind. The whole work of a school should pivot on the idea of demonstration.

If pedagogical principles are applied to this primary work, a nurse will be able to formulate her own methods for a new thing by the end of her first year. Spoon feeding is wrong. The correct technique of a ward dressing is the foundation for all operating room work. The first year anatomy, the sketches of the operative area made by the demonstrator, the pupil's familiarity with advanced treatment, gained by slightly assisting, put her on a firm ground when she must do the thing herself. The practice of *reporting* everything abnormal to the one higher up must never be deviated from.

Each pupil must tell what she sees that does not equally pertain to herself. She should keep her eye open and collect lists of articles missing or repairs needed. The teacher must remember her own early errors and all the others she ever heard of, so as to warn her pupils and make everything fool-proof. When the physicians make rounds, the pupils who are sufficiently disengaged should be called to hear a delightful impromptu clinical discourse on the salient points of the case, which all doctors do very well and very graciously. The pupils must always be watched in their method of treating relatives and other visitors, to prevent wrong foods or fruits being given, or a patient's position in bed altered, or in their own way of speaking to the patient.

The ideal way to do a demonstration of a catheterization, for instance, is on the same lines as one teaches the multiplication table, with actual objects, and with questions taxing the pupil's mind, coming at the same problem from every possible angle: (1) The pupil's herself, (2) the other pupil's assistance and supervision, (3) the patient's for whom it is given, (4) the patient's in the next bed, (5) the neighbors' across the court or street, (6) the physician's, with his special foibles.

The teacher must show the pupil a sketch of the part to be treated, and talk with her about:

1. What the patient complains of.
2. Her history.
3. What needs to be done.
4. Where it is to be done.
5. What parts are adjacent and might be injured.
6. Asepsis and the reason for it.
7. The pupil's own idea of how it should be done.

Then the teacher gives the pupil a list as follows:

1. What the articles are and testing them—broken glass, defective rubber.
2. Where they are kept.

3. In what order they will be carried to the bedside and used.

4. The preparation of these articles and solutions.

5. The preparation of the patient, draping, etc.

6. The special features of the treatment for this case; for instance, if it is a specimen to be saved.

7. *The preparation of the nurse's hands.*

The teacher in this stage emphasizes:

1. The need of pulling down the shades and getting screens and a drop-light.

2. The reason for boiling many catheters.

3. The distinction between labor cases and other female patients and male patients, for using rubber and glass catheters.

4. The examination of the parts, to find the meatus and be sure of it, before scrubbing up.

5. The need of boiling catheters in a cloth to protect them.

6. The time, by the watch, required to scrub up.

7. The way to keep the hands clean going to the patient.

8. The damage of bichloride, etc., and the arithmetic of the solution.

9. The position of the bedside table to her right.

During the treatment the demonstrator shows:

1. The method of washing downward and not reversing the sponges.

2. The thorough cleansing.

3. The direction for the catheter.

4. The protection of the distal end of it.

5. The advantage of short, 6-inch catheters.

6. The absence of pressure.

7. The nature of the urine.

8. The danger of removing too much.

9. The after-cleansing.

10. The methodical disposition of the articles on the table.

Following this, one should pause and ask for the need of the treatment in its bearing now especially to the physician and the laboratory.

The nurses are trained in alertness by asking:

1. Was this ordered catheterized?

2. Why cannot the patient void?

3. What shall we put it in?

4. How much did we withdraw?

5. Must all of it be saved?

6. How is it recorded on the chart?

The next step, which greatly affects the harmony of the ward force and the speed with which they work, is putting things away properly—and the teacher must have this *planned* and do it, not walk off and leave it to the pupils, for they will then think they, too, may:

1. Wash and boil the catheters and dry by draining, then powder.
2. Scrub and dry basins.
3. Measure specimen, transfer to sterile specimen bottle, cover label and take at once to the laboratory.
4. Scrub hands, as before.
5. Chart the treatment.
6. Leave patient comfortable.

This demonstration must be followed by the pupil doing the same treatment, the

supervisor being present from start to finish.

There are many treatments that have only one or two details, therefore the most difficult was selected. The pupils should be encouraged to "talk shop," so as to learn from each other about special things, and it is quite certain that those who "talk shop" in the hospital never do outside.

They should also bring to class all the vexing difficulties of the week which did not need immediate handling, so that each can learn from the teacher's explanation practical points on which all at some time would need enlightenment. It is a good time, then, for them to prefer little requests or make modest suggestions about what will facilitate their work.

(To be continued)



PUPIL NURSES HATTIESBURG HOSPITAL, MISSISSIPPI

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

VI.—NAUHEIM METHODS IN PRIVATE PRACTICE

WHAT is known as the Nauheim treatment for chronic diseases of the heart includes the use of carbonated salt baths, resistance exercises and massage. It was originated at Bad Nauheim, in Germany, where the patient receives a full bath of natural mineral water containing sodium carbonate, calcium chlorid and carbonic acid gas, and was found to be so effective a method of treatment that it is now carried on everywhere, by means of artificially prepared baths combined with the other factors of the system. It is used in heart affections where there is failure of compensation, as a result of either valvular disease or muscular changes, in fatty degeneration, angina pectoris, and all forms of functional heart disorders. It must always be given under expert medical direction, but there is nothing about the technique of the administration of the treatment which is beyond the power of an intelligent nurse who can learn readily and carry out directions with precision.

1. *The Carbonated Brine Bath*—The ordinary salt bath is well known to have tonic properties, but the most active factor in the artificial Nauheim bath is the carbonic acid gas. The most pronounced effect is the stimulation of the cutaneous circulation, relieving the work of the heart and reducing congestion of internal organs. Says Dr. Max J. Walter: "The power of the Nauheim or effervescent bath to favorably influence the dilated heart must be witnessed in order to be realized. The heart sometimes lessens its volume to the extent of one-fourth of its dilated size in the course of a single bath, and in other cases of dilatation the area of

cardiac dullness will in a single bath be diminished nearly an inch in diameter."

Effervescent bath salts are prepared by numerous manufacturing chemists ready for use, but in the administration of the baths there is no uniform dosage, and full and detailed directions as to the preparation of the bath, its duration, and the care of the patient before, during and after it, must be given if the physician in charge is not to be present during the treatment. An ordinary bath tub of porcelain or enameled iron is used, but, in order to prevent corroding of any metal about it, it is usual to place on the bottom either a rubber bath mat or a piece of rubber sheeting. A perforated false bottom for the tub, with supports which raise it about three inches from the tub bottom, has lately been devised; this stands on the rubber mat or sheeting, and the perforations allow the gas generated on the bottom of the tub to reach the patient from all sides. About fifty gallons of water are drawn into the tub, sufficient to fully immerse the patient; the temperature should be about 105° F., in order that it may not be lower than 98° when the patient enters it, this being the usual temperature of the first bath given. Sea salt, or a good quality of ordinary salt, is required, usually about five pounds to a bath; this is dissolved in the tub before the other ingredients are added. The box containing the other ingredients contains, as prepared by most chemists, eight dry acid cakes for generating the carbonic acid gas, wrapped in heavy lead foil, and four packages of sodium bicarbonate; this is sufficient for a bath of the strongest grade given, and the amount to be used will be ordered in

accordance with the patient's condition. The acid cakes are generally arranged in the tub so that two will be at the back, two on each side and two at the knees of the patient; they should be broken up, mixed with the sodium bicarbonate and placed either on saucers or on the sheets of lead foil in which they were wrapped. In a minute or two after they have been placed in position the gas will begin to be generated, and this will continue for twenty minutes or so; when the patient enters the bath the gas will be seen attaching itself to his body in the form of fine bubbles. The patient receives a peculiar prickling sensation of warmth, and the water seems to him to be warmer than it really is. The skin becomes slightly flushed as an effect of the vascular stimulation, and usually within a few minutes from entering the bath the breathing becomes easier and precordial oppression is lessened, while the pulse soon gains in force and regularity and diminishes in rate. Only a short immersion, perhaps seven or eight minutes, is given at the outset; the time is usually very gradually increased, and the temperature very gradually lowered, as the treatment progresses. The baths are very seldom given every day; every other day or two days out of three is the usual rule.

The patient should personally make no exertion, either in preparing for the bath or in leaving it. If his breathing becomes difficult in walking to the bath room, it should be allowed to become quiet before he enters the bath. Once in it he should lie down quietly and make no unnecessary movement, nor should he talk, as talking prevents prompt action on the pulse and respiration. A feeling of oppression over the sternum is sometimes noticed on entering the bath, but it is of no consequence and soon passes off. Occasionally the oppression is more noticeable in the abdominal region, and if it is rather marked it is well to use as little water in the tub as will cover the patient, so as to reduce the weight upon

him. Any sudden sign of weakness, or a rapid increase in the pulse rate, is of course a signal for removing the patient immediately from the bath. Great care must be observed to prevent any possibility of chill, and after leaving the bath the patient should be dried with warm towels. Some light nourishment is usually ordered to be given after the bath, followed by rest in the recumbent position for half an hour or an hour. Falling into a sound sleep at this time is not usually advised, however, as the resulting relaxation is thought to counteract somewhat the tonic effects of the bath.

2. *Resistance Exercises*—Resistance exercises are certain movements made against gentle resistance exerted by a trained operator. Their use is valuable in heart cases as a means of counteracting the injurious effects of prolonged rest, but they have a more positive value in that they tend to draw the blood from the heart to the extremities, and thus lessen cardiac dilatation and the amount of work which the heart must necessarily perform. Such exercises are never violent or rapid; they are given with the utmost gentleness and interspersed with periods of rest. They may be first given in bed to patients whose hearts are muscularly weak, and later, as strength returns, in the sitting and finally in the standing position. At the beginning the exertion made by the patient is very slight, but it increases progressively as his condition improves. A little experience soon enables a person giving the exercises to judge pretty fairly of the patient's strength as soon as he begins to execute a movement, but it is far safer to allow too little exertion than too much. Each movement is given but once, and given very slowly, occupying a minute or more, and each is followed by an intermission of at least a full minute. The patient is directed to breathe regularly and naturally, under no circumstances holding the breath. Any sign of irregular breathing, pallor or blueness of face or lips, dila-

tion of the nostrils, trembling or other evidence of fatigue or discomfort on the part of the patient calls for an immediate suspension of the treatment. Either the resistance has been too great or the movements too rapid, or the rest periods have been insufficient. The pulse should be carefully counted before, during and after the treatment.

In giving the exercises the operator uses both hands, one supporting the part being exercised, while the other gently but firmly resists the movement made by the patient. The exercises used in the lying or sitting position are necessarily simple, but may include flexion and extension of the upper and lower limbs and chest lifting. The last-named exercise is a purely passive one, the operator putting both hands beneath the chest of the patient if he is in a recumbent position, or under his armpits if he is seated, and lifting the chest as far as it will go without raising him from the couch or chair. In the execution of the resistance exercises, the operator's hand does not encircle a limb or grasp it so as to constrict it; the resistance is made either with the flat of the hand or by the angle formed by separating the thumb from the fingers. The part is supported and its movement gently resisted, not only during the positive portion of the exercise, but also during the return to the normal position.

The exercises are varied more or less by physicians in accordance with the needs of individual patients, but as given in manuals of the Nauheim treatment they are as follows:

1. The arms are slowly raised outwards from the sides until they are on a level with the shoulders. After a pause they are slowly lowered.

2. The body is inclined sideways toward the right as far as possible, then returned to the perpendicular, after which the movement is repeated to the left.

3. The right leg is extended sideways from the body as far as possible, the patient

steadying himself by holding onto a chair. The leg is then dropped back. The same movements are repeated with the left leg.

4. The arms are raised in front of the body to a level with the shoulders and then lowered.

5. With the hands resting on the hips the body is bent forward as far as possible, then returned to the upright position.

6. Without bending the knee, the right leg is raised forward as far as possible, then returned to position. The movement is repeated with the left leg.

7. With the hands on the hips, the body is twisted around to the right as far as possible, returned to position, twisted in the same manner toward the left, and again returned to position.

8. With the hands resting on a chair and the back stiff and straight, each leg is raised as far as possible backward, first one and then the other.

9. With the hands supinated—*i.e.*, palms upward—the arms are extended outwards and then inwards, at the level of the shoulders.

10. The right knee is raised so as to bring it as nearly as possible up to the body, then the leg is extended. After returning to position, the movement is repeated with the left leg.

11. This movement is the same as No. 9, but with the hands pronated—*i.e.*, with the palms down.

12. The right leg is bent backward from the knee and then straightened, the movement being repeated with the left leg.

13. The right forearm is bent from the elbow and then straightened, the movement being repeated with the left arm.

14. The arms are brought from the sides forward, upward, then downward and back as far as they will go, the elbows and the hands being kept straight.

15. The arms are brought to the level of the shoulders, bent inward from the elbow, again extended, then returned to position.

16. The arms are extended in front at the level of the shoulders, with the hands stretched open; the arms are then opened out sideways, brought together, then returned to position.

17. The arms are bent from the elbow, lifted outward and extended, then returned to position.

The effect of these exercises on the patient's condition is similar to that of the carbonated baths, though less marked; the pulse is slowed and strengthened, the patient breathes more easily, and the improvement of circulation in the extremities is evidenced by their becoming warmer. Where the baths and exercises are given in combination, the exercises should be given earlier in the day than the bath; under no circumstances should they immediately follow it. As a rule, the resistance movements are given not less than an hour before the bath, or at least two hours after its conclusion. The whole series of exercises is not usually given at the outset; it is customary to begin with a small number and increase it as the patient gains in strength. Occasionally all exercises affecting some certain part of the body have to be omitted.

3. *Massage*—The object of massage in diseases of the heart is to facilitate the work of the heart by improving the circulation. Pressure on muscles squeezes the blood out of the veins which they contain, in the direction of the heart, and the repeated lengthening and shortening of the veins sucks up the blood from the capillaries, making room for a freer inflow from the arterial system, thus lessening the resistance against which the heart is obliged to work. Massage is for this reason a valuable adjunct to resistance exercises, and they are very largely used in combination. Such massage should, however, be given by a person who fully understands not only the technique of the various movements but the effects which may be expected from each, and who is clearly aware of

the patient's condition and capable of recognizing the slightest indication of untoward results from the treatment. A lame arm or leg may under most conditions be energetically massaged with little fear of the consequences, but it is a very different matter to administer "indiscriminate pounding and rubbing when such a vital organ as the heart is below par. . . . Massage is a form of treatment that, like a powerful drug, should be prescribed and the effects watched carefully."—(*J. H. Honan.*)

In some cases where a patient is too weak for the administration of resistance exercises, massage, being purely passive, may be employed alone, and is found a valuable aid in maintaining the general circulation, which is always inclined toward more or less stagnation in disabled and bedridden patients. There is almost always an improvement in the character of the heart sounds, in the strength and rhythm of the pulse and in the patient's sensations, while dilatation is perceptibly lessened, at least for the time, and generally, as a result of repeated treatments, the improvement becomes permanent. There are few forms of heart disease in which massage in some form is not useful; whether they are distinguished by overaction or by weakness of the heart, facilitation of the action of the organ promotes a return to the normal condition. In functional as well as in organic disorders excellent results are obtained. Palpitation and other unpleasant symptoms are often caused by nervous conditions, digestive disturbances and displaced organs, all of which may be favorably influenced by properly directed massage. In giving massage in heart affections, however, the same caution is necessary as in the administration of resistance exercises; to err on the side of too light and delicate treatment rather than in the opposite direction.

When given in the intervals between the resistance exercises enumerated above, massage makes a break in the muscular exertion

made by the patient, tending to prevent undue effort on his part and so to avoid over-fatigue. Every heart specialist has his own method of combining the two forms of treatment, but a well-known authority (Thomas E. Satterthwaite, New York) prescribes the following forms of massage, to be administered in the order given, in the intervals between resistive movements:

1. Foot and leg massage.
2. Hand and forearm massage.
3. Arm and shoulder massage.
4. Chest percussion.
5. Thigh and back massage.

The various manipulations which may be used include: for the arms, centripetal stroking, kneading, nerve compression, muscle rolling, slapping and friction; for the legs, the same; for the back, percussion and friction. Strokings prevent stasis in the blood vessels, diminish venous blood pressure, and heighten the nutrition of the tissues. Kneading aids the circulation in the same way by affecting deeper-lying tissues. Nerve compression not only improves the circulation, but has a soothing effect on the nervous system. Muscle rolling has such a strongly stimulating effect on the circulation that it is one of the quickest and most effective means known for warming cold extremities. Friction, especially long friction of the back, made with both hands and applied from the top to the bottom of the spine, is exceedingly quieting to the nerves, and is of great value in overcoming sleeplessness.

Massage over the heart itself is contraindicated in all acute cardiac affections, but in certain other conditions is sometimes thought to favorably influence nutrition in the same manner as when applied to other muscles. In addition to the chest percus-

sion included in the prescription given above, a gliding pressure is sometimes made upon the chest walls downward and inward, with the patient in the standing position. Friction over the heart has been known to aid in restoring the heart action in cases of cardiac failure.

Abdominal massage is, as a rule, omitted in cases of organic heart disease, and certainly where dilatation is present, because in such patients the return of the blood to the heart is embarrassed, and the abdominal organs are over-filled, tender, and more liable to injury than in their normal condition. In addition to this, manipulation of the abdomen is apt to affect the heart unfavorably, through action on the abdominal sympathetic nervous system. In functional heart disorders, however, abdominal massage may be of great value, improving digestion, combating constipation and raising the tone of both the nervous and the muscular systems, all of which in turn benefit the condition of the circulatory system.

In cases where the nurse employed is unskilled in the technique of expert massage and the family cannot afford to call in a trained masseuse, much benefit may often be obtained from gentle but firm intermittent pressure made upon the muscles, especially those of the limbs, the extremities and the back. Where dropsy is present this procedure is of especial value, as it induces an acceleration of the circulation in much the same manner as expert massage, and prevents in some degree the stagnation which results in the extreme form of edema that is a cause of so much discomfort to patients in the last stages of cardiac disease:

The Nursing of Children

MINNIE GOODNOW, R.N., AND ZULA PASLEY, R.N.

CHAPTER XI (*continued*)

NERVOUS CONDITIONS AND DISEASES OF THE NERVOUS SYSTEM

CONVULSIONS in young children may or may not indicate a serious condition. They are not uncommon, and may be mild or severe. In the mild cases there is rigidity and spasm of the hand or face, rolling of the eyes, and it is over. In the severer cases, there are marked convulsive movements, twitchings or jerkings, blueness of the lips, impaired respiration, rapid pulse and unconsciousness. Frothing at the mouth may occur. After several minutes the twitchings may cease and the child remain unconscious. The convulsion may recur after several hours.

One should endeavor, if possible, to ascertain from a physician the cause of convulsions in any given case, and institute treatment for its removal. The condition may be due to heredity, or it may follow a shock or almost any illness. In quite young children it may be assigned to teething, which usually means digestive disturbance.

Treatment must be immediate. A hot mustard bath can be quickly prepared, the temperature being only what may be borne by the back of the hand, and the child placed in it without even troubling to remove clothing. The warmth usually relaxes the spasm. A spoon handle, wrapped in a clean handkerchief, or a soft towel folded several times, may be slipped between the child's teeth to prevent him biting his tongue. If a hot tub bath is not practical, a hot pack may be given with equally good results. A doctor should in most cases be sent for, if the attack is severe or continues more than a few minutes. He will direct in regard to any sedatives which may be given. Chloro-

form may be given for the attack under his direction, but great care should, of course, be exercised.

After the attack, it is wise to give a dose of castor oil, and a thorough enema of salt solution. Special attention should be paid to the diet. The child should be kept quiet for some time.

Epilepsy is a nervous disorder which usually develops in childhood. The attacks may resemble convulsions; they are usually preceded by a peculiar sensation which is termed an *aura*, and are commonly accompanied by a characteristic cry.

Epilepsy in children is almost invariably the result of a bad heredity. It may be due to nervous disease in the parents, to tuberculosis, to syphilis, alcoholism, etc. Any shock or excitement may bring on an attack, but sometimes there appears to be no immediate cause. There is no bright outlook for these cases, as they tend to grow worse. As the disease progresses the mind weakens. If there are no attacks for two years, some hope of cure may be held out.

The care consists in keeping up the nutrition and improving the general health. All causes of irritation to the nervous system should be removed. Outdoor life is to be preferred, and some light and pleasant employment. These children frequently do well in an institution especially designed for their care. They cannot be expected to get on in the ordinary school.

During the actual attack, there is little to do except to see that the patient does not injure himself by falling or in any other way. He should be placed in bed if convenient, or

in a comfortable place until he recovers.

No cure has been found for epilepsy. Experiments are being made with a serum prepared from rattlesnake poison, and it has seemed to be successful in some cases.

A certain number of cases of epilepsy are due to injuries of the head, usually to a fracture of the skull which causes pressure on the brain. These cases are usually cured by operation.

Feeble-minded children are being studied very carefully of late. They are a pitiful illustration of the sins and weaknesses of the parents being visited upon the children. Some cases are apparently due to injuries to the pregnant mother or to some diseased condition during pregnancy. The condition is frequently laid to marriage with one near of kin, but the explanation of this probably lies in the doubling or accentuating of a similar weakness or mental trait in both parents.

Three classes of the feeble-minded are now recognized—idiots, imbeciles and morons.

Idiots are those whose mental development does not go farther than that of a child a few years old; they require constant physical care and cannot be taught to do anything of consequence. They are most appropriately cared for in institutions devoted to such cases, as they are always a burden to their families. Their outlook is very discouraging.

Imbeciles are those whose mental development attains to that of a child seven or eight years old, but never goes much beyond that. They respond to teaching, but it must be carefully done, and by one who is familiar with such cases, if good results are

to be had. These persons may be taught to be partially or wholly self-sustaining if instructed in simple manual labor, and may even learn the rudiments of school education. They may do well in music and in some of the arts.

The early life of such children is best spent in an institution where they may be properly taught and where they are not discouraged by constant contrast with normal children. Later they may take their place in the home, if their families and friends are at the same time taught not to expect too much of them. They should not be allowed to marry.

Morons are high-grade defectives, who are often difficult to distinguish from normal persons. In this class come the so-called "backward" children and persons who lack in judgment, in ability to get on, etc. They need special care and attention, but are not apt to get it unless their deficiency is recognized. Some test should be applied in order to discover the degree of deficiency. The Binet tests are the best known and are interesting for a nurse to inform herself about.

But a few years ago all mental defectives were considered discouraging cases. Now, their care and training has been given more attention, and wonderful results have been obtained in the education of those thought to be hopeless. A nurse who meets with a child who is plainly feeble-minded or whom she suspects of a mental deficiency, should do all that she can to have the child taken to a specialist for examination. If the defect is at all marked, she should urge that the child be sent to an institution where he may have the training needed for his development.



GRADUATING CLASS, GOOD SAMARITAN HOSPITAL, CINCINNATI, OHIO

Hygiene and Comfort for the Feet

W. S. BIRGE, M.D.

WE HAVE often been told that we spend about one-third of our lifetime in bed, and for that reason it behooves us to provide ourselves with comfortable, roomy, hygienic beds. We fail to realize that we practically spend the other two-thirds of our lifetime in shoes. Nevertheless, this is a fact, and, therefore, it behooves us even more to provide ourselves with hygienic footwear. The blood goes only where it can go, and if by wearing tight shoes you prevent it from going to your feet, it will go to some other part of your body and probably cause congestion.

A shoe which compresses the foot retards the circulation of the blood much as the compression of a rubber hose retards the flow of water.

It is as foolish and unhygienic to wear such shoes as it would be to sleep in a poorly ventilated room, in a bed several feet too short to accommodate the full length of the body. Can you imagine any greater discomfort or one more calculated to destroy the health and cause the most disturbing of nightmares? To squeeze a foot into a shoe a size too small is worse than squeezing the head into a stiff hat that is too tight.

You cannot think well with your hat pressing your head and you can scarcely think at all if your shoes are pinching your feet. A great amount of nerve energy is required to endure the pain caused by a pinching shoe, to say nothing of the distraction the continued consciousness of the pain causes our thoughts. Try to get shoes that will fit your feet in such a manner that you are hardly conscious that you have shoes on. The size of the foot is rarely out of proportion to the body it is intended to carry. So why, from a mistaken sense of pride, sacrifice physical and mental comfort by trying to disturb this proportion.

This trying to live up to false standards of fashion and beauty—a veritable “tyranny of fashion”—is a disease which seems to affect not only individuals but communities, and even some nations, for generations. If we could only be brave enough to assert ourselves and allow nothing that is unhygienic to be fashionable, we would be far better off physically and mentally.

There are few things more beautiful than the shapely foot that has not been distorted by ill-fitting shoes. In order to preserve all its beauty, it should be sunned, aired and bathed daily. A bath at night, before retiring, is absolutely essential, and if you want to experience a sensation that has not been equaled since those occasional never-to-be-forgotten barefoot days of your childhood, sit every day for a while with your bare feet exposed to the rays of the sun. Every pore of the foot should be allowed to breathe. To facilitate the ventilation and respiration between the toes, insert a small bit of absorbent cotton between them.

Compare a foot that has been cared for hygienically with the distorted, unsightly, cramped, claw-toed object, with its ugly excrescences of corns and bunions, that is the result of wearing ill-fitting footwear, and you will undoubtedly be convinced that the care of these very useful members is well worth while.

The appearance of even the most unsightly foot may be improved by constant care and the application of simple remedies. When the skin is extremely tender, a handful of sea salt and a bit of alum in the water for the daily bath will prove soothing and beneficial. Feet that are inclined to corns, bunions and callous places should be sponged at night with lavender water or slightly diluted vinegar. Afterward rub a little glycerine into the affected spots:

Reminiscences of a Nurse

JEANNE GORDON

ONCE upon a time I, Jeanne Gordon, was kneeling at the open window of my sleeping room in the nurses' home of a large training school. Before me, almost directly under the window, was a broad, blue river, sparkling in the winter sunshine and covered with every conceivable craft. Sounds came to my ears of steam puffing and panting, whistles blowing and men shouting. But to all these things I was quite oblivious, in view of the fact that I had just finished my first year in the school, and was rather gloomily wondering what the coming year had in store for me.

Now, at that time—I know not how things are now arranged—we were supposed to pay for our first year's training in the second year, and, therefore, were for that time at the disposal of the management of the school; this fact was what caused my low spirits. I was older than most of the nurses and had never found much satisfaction in gazing in my mirror; I was conscious, also, of a big, awkward, clumsy body.

"No doctor wants you around, Jeanne," said my inner voice, "when he can get a younger, prettier nurse, abilities all the same." "Well, then, what?" "Say, a year of night duty; some of the nurses like it." "Horrors, no!" "Private duty?" "N-n-no." "Supe?" "No, no, no!"

At this point my musings were interrupted by the voice of the assistant superintendent who had come in and now stood behind me. I instantly sprang up and stood attention. She looked quite pale, and as she spoke I noticed that her voice was low, and agitated; moreover, she gasped a little, bringing out the words with some difficulty.

"I am sorry to tell you, Miss Gordon," she said, "that Miss Smith has been sent back to us very ill. In fact, she has malig-

nant diphtheria, and Dr. D— has given her not more than twenty hours to live. We shall have to empty this wing to prevent the contagion from spreading, and it will be necessary to place two nurses on the case." She looked at me inquiringly, and I bowed.

"Of course," she continued, "we cannot require any nurse to take this duty. If you do, you will understand it as volunteer service, and that you take your life in your own hands."

"For what else am I here?" said I.

Later I was told that this was Miss Smith's first case. It had been given to her after graduating. The family of the patient lived outside the city and consisted of a father, mother and four little ones. Only one of the children was stricken with the dread disease at the time that Miss Smith was summoned, and it was before the days of antitoxin. So one after the other of the children were stricken and died. The brave mother laid on the bed with her children, told them stories, played games with them, and even sang to them—Ah, think of those songs—until the last one was carried out, then both mother and nurse succumbed to the dread disease; thereupon—I think it wrongfully now—Miss Smith was sent back to the school.

Well, here was my fate unrolled in a manner of which I never dreamed and, in consequence, I was installed with a companion to care for the patient, while Dr. Sterne was in charge of the case. All the staff were very much interested and, as my companion said, "We must record everything, even every time the patient winks."

Now, Dr. Sterne was rather older than the other house doctors, and undoubtedly very much in earnest in his work, thereupon all of us stood very much in awe of his displeasure;

nevertheless it was through my carelessness that the measurement of fluids were taken to be just double to what they really were. But I did not discover this mistake until the third day of the case. In much dismay I confided this to my companion. She felt sorry for me and said: "Well, our patient is none the worse for the mistake and as to the doctor, 'What you don't know don't hurt you.' Make your measurements right in future and say nothing."

It so happened that I was the only Catholic nurse in a school of sixty-odd nurses, and I was determined that I would not prove a coward and so I faltered, "I must tell the doctor."

"I'm glad I've not your conscience," was the quick retort.

I felt sorry, myself, that I had that stern mentor when on the next morning I reported my carelessness to the doctor, for his countenance became as black as night, then he turned on his heel and left the room without a word.

"I may as well go down and pack my trunk," I then observed to my companion.

"Do you know the sweetest word in the English language?"

"No."

"It is 'I told you so,'" she laughed. "Nevertheless, I think I would not go downstairs just yet; we are in quarantine and you might not find a welcome."

Now, I will not weary the reader with my sensations during the next twenty-four hours nor with my amazement next morning when the doctor met me with outstretched hand.

"Miss Gordon," he said, "I thank you. When a nurse reports plainly and truthfully her mistakes, we know what to do; when she does not, we do not know."

To finish this true yarn I should, according to those mawkish magazine stories, end with a wedding. But this would not be desirable, especially as the doctor had already a family. Nevertheless, I got what was much better—the coveted post as head nurse in the great hospital for the entire second year. "Honesty is always the best policy," but policy is a very low motive for which to work.

But what of the patient, some may ask. Alas! Although she recovered from diphtheria at Christmas time, it was May when she was lifted into a carriage to carry her poor, paralyzed limbs to her mother.

SELF-RELIANCE

Do that which is assigned you,

And you cannot hope too much or dare too much!

—Emerson.

Department of Public Welfare

A School for Motherhood

A VERY interesting institution was started in Belgium in 1900, called the School for Mothers. The movement extended to England in 1907, and reached this country in a very modified form some three or four years later. The school in Belgium called itself "A School for Mothers and an Institution for Puericulture," which title is rather a heavy handicap for any institution to bear. However, in spite of it, the school has flourished and seems to be doing much good; receiving pupils from all over the Continent.

Briefly stated, its object is to teach young married women and expectant mothers how to secure the best results for their children by scientific means. There are lectures on diet and nursing and bathing and exercise, with careful instructions as to what should be the normal weight at certain ages and the best methods of attaining these standards. In addition, the school has classes for young girls from twelve to sixteen years of age, teaching them to become scientific nursemaids. This would seem very young to us, but that it has not proved to be so in Belgium is shown by the fact that the age limit has not been raised in the fourteen years the school has been in operation; the same age limit exists in the different branches of the school established in England. These nursemaids are instructed in the proper way to handle infants, to bathe them, to dress them, to feed them and to amuse them. They command good wages and the schools have more applicants than they can receive. In both Belgium and England there are graduates from the Schools of Motherhood who are doing social service work among the working women, visiting them in their homes

and explaining to them how, even with the limited means at their command, they can still do better by their children.

In this country there has been no organized effort to do this work, but in various instances associations have taken it up as a side issue, as, for example, the Woman's Municipal League of Boston has a very influential committee whose object is designated by this title, "To Promote Favorable Pre-Natal Conditions Among Women." Also the Federal Government has issued a small pamphlet which is called "Pre-Natal Influences." In Boston this pre-natal work has now extended to an Infant Social Service Committee report. During the year 1911 the number cared for was four hundred and fifty; since that time the cases have been distributed so among other committees that exact figures are not obtainable, but the work has grown very much. One very interesting fact is that in the two years during which time the patients being under the observation of one committee could be kept track of more closely, out of eight hundred patients not one died in pregnancy. The Boston League feels that the greater part of the success of their work is due to the excellent nurse in charge of this work and her assistants. They are also gratified at the extension of the work to Washington and other cities.

For nurses desiring to specialize this would be an excellent opening, and it is to be hoped that at some time not distant an institution dealing exclusively with these problems may be opened in all our large cities. It has also been suggested that our great manufacturers should add a specially trained woman to the corps of social workers to teach expectant mothers the best and

safest ways to deal with their condition for both themselves and the child.



Civil Service Commission of Ohio

The State Civil Service Commission of Ohio has for the first time in its history lifted the bars for applicants who desire lucrative positions under the government of that State. On August 4 a special examination was conducted by this commission to secure a list of competent employees to man the newly organized Bureau of Juvenile Research in Ohio. Hereafter, instead of committing delinquent children directly to an institution, the courts of Ohio will commit them to the Board of Administration. They will be detained in a special department, to be known as the Bureau of Juvenile Research, until their mental and physical condition shall have been determined to a certainty. Then they will be committed to proper institutions for treatment.

This advanced method of receiving children charged with having violated some State law is so unusual that Ohio is anxious to get the best employees possible for this department, and therefore issued a call open to any resident of the United States to take part in the special examination which was conducted on August 4. Good salaries will be provided for the places by the State of Ohio. Among those wanted are a psychologist, a laboratory worker, diagnostician, field workers and laboratory workers.



Home Economics Department for Seattle

As a result of the activity of the Red Cross Seal Committee of the Anti-Tuberculosis League, Seattle is to have a fully equipped home economics department for the care and assistance of tuberculous families. The department will be in charge of Miss Louise Nelson, who will assist families to work out

domestic budgets proportionate to their incomes and to use many domestic science makeshifts known to the trained housewife. Miss Nelson will teach families how to cook the cheapest and simplest foods in the most attractive way, and will conduct excursions to give instructions in the proper methods of buying.



Grange Seal Sale Prize

Webster Grange, No. 346, near Rochester, N. Y., by selling the largest number of Red Cross Christmas seals in the 1913 Grange campaign, under the auspices of the State Grange and the State Charities Aid Association, won the first prize. The prize, donated by the State Charities Aid Association, consists of two months' service of a public health nurse. The Webster Grange sold 8,245 seals.

W. N. Giles, secretary of the State Grange and chairman of its public health committee, together with George J. Nelbach, assistant secretary of the State Charities Aid Association, attended a special meeting of the Webster Grange, and with appropriate ceremonies formally awarded the prize to the Grange.

Miss Elizabeth Hanson, the nurse who has been employed by the State Charities Aid Association for this work, under the direction of the prize-winning granges, has had a broad experience in public health nursing. She has been a member of the Army Nursing Corps; head nurse of the tuberculosis department of the City Hospital of Minneapolis; head of a tuberculosis ward while in the Army service, and has been a very successful school nurse under the board of education of Minneapolis.

Lewiston Grange in Niagara County sold 3,425 seals, winning the other prize offered by the State Charities Aid Association. Miss Hanson, after spending two months in Webster, went to Lewiston in the early part of August.

Gleanings

Diet in Cardio-Renal Diseases

In *Medical Record* (June 13, 1914) Dr. C. E. Nammack gives the following suggestions relating to diet for patients afflicted with cardiac and renal diseases: "The diet must fulfil three conditions: (1) It must be sufficient to maintain nutritive equilibrium; (2) it must be non-irritating to the kidneys; (3) it must not throw too much work on the digestive and circulatory organs. The more chronic the nephritis, the greater is the necessity that patients should receive daily the full caloric value in their diet. An exclusive milk diet is dangerous for many reasons. Disgust and loss of appetite, with gastric dilatation, may be caused by exclusive milk feeding. Despite these drawbacks, the sensible administration of milk is a necessity in every case. The deficiency in iron can be met by the addition of an iron preparation. Excess of phosphates can be neutralized by lime water. The daily quantity can be limited to three pints, or less, given in divided doses, at frequent intervals, and with the addition of one-fifth cream. And albuminous, fatty and starchy foods can be given in addition, judiciously. Albumen may be given in the form of meat, eggs or vegetable albumens. Clinical experience and analytical study confirm the common belief that light meats are better than dark and red meats, because cooking causes white meats to lose more of the dangerous extractive than is the case with red meats. Eggs were formerly forbidden in nephritis, but because of their high nutritive values, 80 calories each, I allow patients from two to four fresh eggs every day. Vegetables growing above ground, although not of the same nutritive value as underground vegetables, are prefer-

able, unless they contain irritating oils or other pungent principles, like radishes, asparagus or garlic. Salads are useful, especially with abundant oil dressing, but without mustard, spices or condiments. Starchy foods are useful and permit the addition of much fat in the forms of butter and cream. Among beverages, alcohol should be absolutely forbidden, beer is best omitted, and tea and coffee are theoretically contraindicated. Cocoa may well take the place of tea and coffee.



Trained Nurses and Anesthetics

In our July number we called attention to the protests that are being made by physicians against trained nurses being employed to give anesthetics. In the *New York Medical Journal* recently, the subject was discussed by A. C. Vandiver, who favors the following proposed amendment to the Public Health Law of New York State, specifically including the administration of anesthetics within the definition of the practice of medicine. The language of the suggested amendment is the following: "The administration by any process of any substance, liquid or gas, commonly known as a general anesthetic, for the purpose of producing unconsciousness, shall constitute the practice of medicine and surgery, even if such administration is undertaken in the presence of and by direction of a registered physician or surgeon, with the following exceptions: (1) A registered dentist may administer general anesthetics for dental operations, such as the extraction of teeth, but not for any operation that is unconnected with dentistry, even if a registered physician is pres-

ent and directs the dentist to administer such anesthetic, except as is hereinafter provided. (2) In any case of sudden or severe illness or sickness in which the registered physician or surgeon in attendance upon the patient conscientiously believes that the delay necessary to obtain the services of another registered physician to administer a general anesthetic will endanger the life or health of the patient, that attending physician or surgeon may employ any reliable person to administer such general anesthetic in his presence and under his instructions, but not in his absence. The employment in this manner of any person other than a registered physician to administer any general anesthetic must be limited to emergencies, and must not be habitual." The legal status of nurses administering anesthetics should be fixed, definite and certain, and should be established by the Legislature. If nurses are permitted to administer anesthetics, proper courses of study in nurses' training schools should be prescribed with proper practical experience thereafter.



Hot Baths in Infantile Pneumonia

Arneth (*Deutsch. med. Wochenschr.*) says that the hydrotherapeutic treatment of pneumonia in children has consisted in cool baths, cold packs and cold douches. These procedures, however, presuppose a certain amount of resistance on the part of the little patients, enabling them to react against the cold. The stronger and the older the child the better the results obtained by these methods. Emaciated, asthenic infants, however, react badly to any such vigorous withdrawal of heat. For them hot baths are much more beneficial. No matter how high their rectal temperature, the skin is either cool or easily chilled, and the application of cold leads merely to a peripheral anemia and a concentration of the heat in the internal organs.

The technique of hot baths is as follows:

The weaker the infant and the higher its temperature, the more frequently the hot baths should be given, up to five times daily. The duration of the bath should be ten minutes, if the rectal temperature is not over 102° F.; if higher, five minutes. The temperature of the water should be kept constantly at 106° F., hot water being added as required. If heat stagnation sets in, *i.e.*, if the child's skin becomes hot and the head bright red in color, or if there is much dyspnea, the bath may have to be interrupted. At the close of the hot bath, the writer uses the cold douche. This should be done as quickly and thoroughly as possible. A cupful of cool water is poured over the child's back, he is dipped into the warm water again, a cupful is poured over the chest and he is quickly dried and clothed.

The results are uniformly good. The breathing becomes deeper and more efficient and the general condition improves. The temperature falls after the lapse of thirty to sixty minutes, on account of the better peripheral circulation. The writer states that no one who has seen the good results following hot baths in this condition can fail to become an enthusiastic advocate of the method. He uses it not only in infantile bronchitis, bronchiolitis and pneumonia, but in all other infantile conditions in which the rectal temperature is high while the extremities are cool and the skin pale with livid mottling.



Diet for Diabetics

Diet tables are hard to remember. Yet in treatment of many diseases, the diet is very important. A short and easy way to memorize a diabetic diet list is as follows:

Eat: First, meat; second, green vegetables; third, some substitute for ordinary bread, such as almond or gluten.

By "green," anything of that color is meant that grows above ground.—*Exchange*.

Editorially Speaking

College Courses for Nurses in England

Quite a little flutter of excitement has been aroused in the nursing world in England recently, the cause of which will be of interest to nurses all over the world.

A college course for nurses similar in purpose and general plans to that of Teachers College in the United States is now open to nurses at King's College in the University of London. This course has been planned after long and careful consideration by the trustees of the Nightingale Fund. This Fund was a gift to Miss Nightingale from the people of England, in recognition of her services to the nation in the Crimean War.

In the beginning and for many years it has been used for the establishment and maintenance of a training school for nurses at St. Thomas's Hospital, London, which has led to the establishment of similar schools all over the world.

The following statement regarding the new opportunity for training to be offered as a result of the Nightingale Fund has been issued by the trustees of that Fund:

PROPOSED NEW SCHEME OF SCHOLARSHIPS FOR NURSES

The Nightingale Fund owes its origin to the recognition by the nation of the work done by Miss Nightingale in the Crimea. The sum offered to her she applied in various ways for the improvement of nursing and particularly in founding what was then the only and the pioneer school for the scientific training of nurses. This school was connected with St. Thomas's Hospital, where it still remains, and has served as the model for the numerous training schools which now exist, both here and abroad. The Fund is administered by a Council acting under a

trust deed drawn up in the lifetime of Miss Nightingale herself. Applied at its inception to pioneer work in nurse training, the Council is strongly impressed with the belief that this object should remain as one of its guiding principles today.

The pattern set by Miss Nightingale in 1860 has been widely followed, and in the ordinary training of nurses no more pioneer work remains to be done. The Council has therefore been considering whether there be not something yet lacking in nurse training in which their Fund could enable them once more to lead the way.

It is from the ranks of trained nurses that must be drawn those who are called to fill the higher posts in the profession, matrons, superintendents, inspectors, and the like; and while the demand for these grows ever with the growth of the movement, it becomes increasingly difficult to find a due supply of fit and proper persons to fill such posts. Many women today are admirable nurses, but their training has not reached beyond nursing; for filling the higher posts a wider knowledge of administration and social work is needed, which the existing training schools do not give. Nor are they to be blamed for the omission; so multifarious have the items become which now go to the training of a nurse, that they have no time for it.

It is this further and fuller training that the Nightingale Council now proposes to offer in the form of scholarships, to be called Nightingale scholarships. The scheme is not yet fully matured, but its outline is briefly this, the Council will offer every year a limited number of scholarships to nurses who have obtained a certificate after three years' training in some recognized school.

These scholarships will entitle the holders to a year's training at the Household and Social Science Department of King's College for Women in the University of London.

The College has met the Council in every way in the preparation of a suitable course, so conceived as to embrace both theory and practice. Every endeavor will be made to keep in view the object of the course, namely, to equip trained nurses to undertake the responsible positions they are likely to be called on to fill. The subjects chosen will, to this end, be dealt with largely from the practical point of view; and, as experience adds to knowledge, this, the first scheme, will no doubt be modified later, both by omission and addition. It is also intended to ensure the elasticity of the scheme by introducing the principle of alternative subjects, so that a scholar shall be able to select such courses as shall seem most likely to help in the ambitions she may have placed before herself.

The value of the scholarships will be adjusted to meet the tuition fees, to provide maintenance during the year, and to compensate in some degree for the salary the year's training will oblige the scholar to forego. The new buildings of the College include a Hostel, in which scholars will be able to reside should they so wish.

The scheme is experimental, and its continuance must depend upon its success; we cannot but think that the want is a real one, and that many nurses who feel in themselves an ambition for higher things will gladly avail of it. Its very tentativeness should help to its success, for if, as the Council believes, the principle be a wise one, its application can be varied with the years, until an ideal be reached. ✚

An Uncrowded Field

Vast regions in China, India, Korea and Africa, where skilled nursing is unknown, are calling for nurses to serve in hospitals and dispensaries already established, or about to

be opened. There are very few months in which the editors of this magazine do not receive letters asking to be put into communication with nurses who are contemplating missionary work, and we have a growing list of correspondents among nurses who are already in the field. Sometimes we wish that our readers in those far-off foreign fields would use their pens and this magazine more to describe conditions and needs as only one who is close to the need can describe it, so that nurses in the home field, struggling with competition in the great cities, might be helped to realize the needs and to offer service.

While we are racking our brains as to what line of study or systematic reading to take up this coming fall and winter, why not look into some of the mission study text books issued by the Missionary Education Movement, New York, and now used by all the leading evangelical denominations. These text books are inexpensive, costing, in paper covers, about thirty-five cents each, and can be obtained through the denominational publishing houses or book stores or through any bookseller. The books are arranged, as a rule, in eight chapters, each chapter being followed by questions for review. Few things would do more to broaden the horizon of a nurse's life and to give her a vision of the needs of other lands than the study of some of these text books.

The book "India Awakening," by Sherwood Eddy, is a fascinating review of the general moral, social and religious conditions of that far-off land by one who has visited and studied and lived and labored in India and Ceylon.

"The Uplift of China," by Arthur H. Smith, gives us a first-hand study by one who has been for thirty-five years a missionary in China. The book has been brought up to date in its recent edition, and has a splendid chapter on the transformation now taking place there and of the problems to be met.

The author, in speaking of the woes of Chinese medical treatment (which bear with special hardship on Chinese women) and of medical missions in general, does not hesitate to say that the presence of an educated Christian medical woman or nurse in the sick room, wise and winning, strong and sweet, is one of God's best gifts to China.



Votes for Nurses and the Hospital

In this issue we present an article with the above title, which is certain to provoke discussion, and yet discussion of a subject, if fair, is seldom harmful, and should be welcomed. In his article Mr. Barton presents the nurse's side of the question very forcibly, but there are several other sides to the question, which deserve equal consideration.

We are inclined to believe that the writer of the article over-estimates the power of the physician in hospital administration in the average hospital. For many long years physicians have complained through their journals *that they were given no place on the boards of directors—that they had so little to say as to how the hospitals should be managed*. Their protests and pleas have availed little. For good reasons the laymen who carry hospital burdens have very generally adopted the policy of limiting the authority of doctors to the medical treatment of the patients. Here and there are hospitals which have one or two doctors on the board, but in such cases it will usually be found that the doctors on the board have helped to bring the hospital into existence and carried its financial burdens in a most unselfish way. The trouble is that there is a selfish streak in most men and women, and doctors are no exception; given any degree of control, one might easily find the hospital being used to promote the interests of one or two doctors at the expense of others.

When it comes to votes for nurses, we are at once confronted with the fact that for

years some prominent nurses have worked to make the training school a separate institution and organization; to place its control with one set of people, while another set of people paid the bills, and no such methods will succeed either in business nor in philanthropic work; "a separate government for the training school" is what the advocates of votes for nurses in hospitals have demanded up to this time—failing that, as much control as they can get.

The great difficulty with both nurses and doctors is that in their enthusiasm for any cause they are liable to run to extremes and to forget that practically every hospital question has its economic aspect. It would be easy to build elaborate plans, if such plans did not have a business end to them. When it comes to paying hospital bills each month, how much responsibility will nurses and doctors be likely to assume?



The Shortage of Nurses

Is there a shortage of nurses in hospitals?

An item in an exchange, commenting on the situation in Cleveland, gives as a reason that "pupil nurses are going into other States for their training because the Ohio legislature has persistently refused to pass a registration law," thus causing a shortage of nurses in Ohio hospitals. On another page of the same magazine attention is called to the shortage of nurses in Pennsylvania, where there is a registration law, and undoubtedly other States with registration laws are feeling the shortage quite as much as in Pennsylvania.

Registration is one of the most convenient reasons to seize upon, and it seems to answer equally well for both sides of the argument. If you haven't a registration law, why then that must be the reason you have difficulty in getting nurses, and if you have a registration law, why the law must perforce be responsible for the shortage.

Without doubt, a variety of conditions are

contributing to the conditions complained of: The insistence on a high school education deters many a capable girl from applying who a few years ago would have been considered a desirable applicant. The attempt to force all nurses into one fixed mold and compel them to spend three years in a hospital, where formerly they could have completed the course in two years. The enormous multiplication of hospitals, the fixed age limit—these are all contributing factors. Three years is none too long for a nurse to spend in training who desires to specialize in institutional work or for social service positions of various kinds, but it is foolish to demand that a nurse spend three years in learning in some small hospital what she could and does learn in one or two years.

One result of this condition is going to be that more and more hospitals are going to offer a one-year course to nurses wishing to do private nursing—candidates who do not come up to the exacting educational standards required by registration laws, but who are nevertheless capable of giving just the kind of service that is needed in thousands of homes. Within the past few weeks we have heard of several large hospitals which are contemplating offering such courses. The signs of the times all point toward a readjustment of plans and methods that is badly needed.



Bedside Teaching

We are generally agreed that a certain amount of preparatory training is desirable before a pupil nurse is given real nursing responsibility. We are less generally agreed as to how much of such teaching should be given and how best to give it. We find one set of teachers advocating at least a six months' preparatory course before a nurse is allowed to enter a ward. She is to be taught by demonstrations on dolls and manikins how to properly perform the various

duties she will have to do. Without doubt dolls and manikins, charts and skeletons, are valuable adjuncts to instruction, but we are inclined to agree with Miss Armour when she says: "It is not fair to pupils to teach them on a dummy which can show no symptoms, is incapable of motion or response, and has no small, delicate parts."

We need all the aids to teaching that we can get, but we still need to place a great deal more emphasis on how to secure effective bedside teaching in our hospital schools.



An Announcement

In the hospital department of our June issue there was published a short article entitled, "Hospitals and Money," in which a Miss Amy Hilliard was quoted. Though there was nothing whatever in the article to connect it in any way with *Miss Amy M. Hilliard*, New York State Inspector of Training Schools for Nurses, some of Miss Hilliard's friends who read the article immediately jumped to the conclusion that she was the one quoted, and for this reason she has asked us to make the announcement that she is not the author of the article in question, which we do herewith.

We would like to add a few words to our readers in this connection. This great and glorious country of ours is an extensive one, and *THE TRAINED NURSE AND HOSPITAL REVIEW* goes to every corner of it. Among the thousands of names on its list there can be found many duplications. Therefore, if you see an article by Miss Blank, please do not jump to the conclusion that it is the Miss Blank of your city or State. And, moreover, if you are from New York, we beg that you do not get the idea fixed in your mind that New York "is all there is," for it is not. There are quite a few important people and things outside its limits.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

THE HOSPITAL LINEN ROOM

MARY MCKAY NESBITT

In planning the hospital, due provision should be made for the care of the stock supplies, as well as for the linen in circulation. In most hospitals, too little space is allotted to this important and very necessary part of the hospital work. Besides the linen room proper, which should have sufficient space and ample shelving and table and drawer accommodation for receiving, sorting and caring for clean linen, there should be connecting, or close by, a well-lighted sewing room, and adjacent to it, or opening off it, a capacious closet or smaller room for storing blankets, spreads, pillows, stock goods and materials in the piece.

Even in smaller hospitals this arrangement is desirable, for the needs differ from the large hospitals only in the quantity of linen to be handled.

The Central Linen Room—The experience of those who have tried the central linen room system of distribution is that it acts as an effective check on too lavish use of hospital linen, which most hospitals suffer from to a greater or less extent. When the whole supply of circulating linen is distributed to the wards at one time, the problem of empty shelves staring at the head nurse on Saturday night, or at some other time when clean linen is not quickly available—is very common. When linen is supplied from a central linen room, on requisition as to the exact number of each kind of linen that will probably be needed for the day, and signed by the head nurse in charge, the reserve supply remaining in the central linen room, the problem of empty linen shelves in the ward closet is reduced to very small proportions.

A standard supply of each article—blankets, sheets, draw sheets, bath towels, face towels, gowns, etc., is computed for each person in the ward or department, and distributed in starting out the central linen room plan, and additional articles are requisitioned as "emergency require-

ments" as needs arise. In no other way is it possible to keep so effective a check on the circulation of linen, for the requisition books at once show up any ward or department that is using an undue amount.

Linen Room Work—Many hospital architects and others who help to plan hospitals forget that besides caring for linen on the shelves, the management of the linen room includes cutting out, making, marking, mending and a certain amount of bookkeeping, and provision for all of these should be made. In many hospitals the Ladies' Auxiliary or Guild assists very materially in buying and making hospital linen of various kinds. In others the garments and articles are cut out and sent to various sewing societies to be made. Where assistance of this kind is available it is wise to buy sheeting and pillow-case tubing at wholesale rates, and have the sheets made a standard length. Unless made to order, the sheets available ready-made in general stores are usually too short to be wholly satisfactory for hospital purposes.

Donations—Where a hospital expects donations from churches or makes appeals for them to a constituency of any kind, it is well to have a printed leaflet to send out, giving in detail the kind of linen required, lengths, sizes, etc., and emphasizing the points to be guarded against, such as fringed spreads or towels. Where gowns are to be made and donated by a sewing circle at a distance, it is wise to send a sample gown for both adults and children.

In some hospitals one day in the year is set apart especially for donations of linen and called a "White Gift Day." Souvenir post cards of invitation are sent to hundreds of former patients, inviting them to contribute in a practical way to the needs of the institution. The post card contains a list of things needed or acceptable. Refreshments are served by the committee in

THE HOSPITAL REVIEW

charge. Apart from the value of the gifts, this plan is a splendid way of increasing interest, especially in hospitals in small communities.

Mending and Marking—The mending and marking of linen consumes a good deal of time. In large hospitals there is plenty of work for all the time of a seamstress in mending and managing the linen; in small hospitals the superintendent, if she desires, can usually arrange for a small committee from the Ladies' Auxiliary to take turns in giving an afternoon each week to the hospital mending.

When it is possible to keep supplies entirely separate for each ward, the work will be facilitated if some standard pattern of towels is decided and adhered to—blue borders for private rooms, red borders for certain wards, plain white for others, etc.

It is tedious work marking hospital linen with a pen, but given a good quality of indelible ink, such marking will usually far outlast the marking with a rubber stamp.

Exchange and Repair and Accounts—Worn articles should be sent back to the linen room to be exchanged for new ones. They should never be allowed to be appropriated in the wards for cleaning cloths, etc., or some unwise person will be found using articles that are perfectly good or need only mending.

New linen taken from the stock for the first time should be noted in the account books and a periodical inventory taken. The stock books should always show the amount of unused or new articles that are in reserve.



An Unsettled Question

A correspondent has sent us a copy of a "round-robin" letter which he is sending out to a number of hospitals and workers in the hospital cause, wherein he asks for opinions or literature, rules or regulations regarding the "open" versus the "closed" hospital policy. He says:

"I noticed in *THE TRAINED NURSE* for January that two hospitals have closed their operating rooms to all members of the profession except recognized surgeons. There is also some other discussion in the same journal.

"If you have anything in the way of literature for distribution, rules or regulations, or personal views on the question of 'open vs. closed hospitals,' I shall be glad to have it. Also anything along the line of how to deal with doctors who expect a \$50-a-week attention for about \$10 per week, and then they do not seem to have any special concern whether the hospital ever gets the \$10."

It is one of the big, unsettled questions in hospital administration and one on which there is little likelihood of a general agreement being reached.

Except in "teaching hospitals" or hospitals devoted solely or very largely to charity patients, the tendency is certainly in the direction of a more liberal policy in admitting physicians to the privileges of treating their patients in the hospital. And who is to decide when a man is a "recognized surgeon" and when he is not? As a rule a man must do some surgery before he can expect to be a "recognized surgeon" by any discriminating person, and where is he to do it if not in a hospital? We are all agreed that for the patient's safety, surgery is better done in hospitals.

There are those who say that badly as some check on the practice of splitting fees was needed, the abolition of the practice will tend more and more to make every doctor attempt to be his own surgeon, since the average doctor will feel he cannot afford to lose the entire fee for the operation.

There are others who object to the attempt of the American College of Surgeons to announce a list of "recognized surgeons" for each State. They say that men have been included in that list whose chief claim to distinction in surgery was that they had married rich wives or had rich fathers.

The medical profession is slow to recognize the claims of any man to special skill along surgical lines, as many men who have tried to specialize in orthopedics or gynecology can testify. They have had an uphill struggle for years before they secured any recognition from the surgeons of their own city.

Further, there have been men who had influence enough to have held places on medical staffs of hospitals while far more skilful men were barred out. At the same time, those men on some hospital staffs have reflected discredit on the hospital in numerous instances, and have on occasions been far from loyal to hospital interests. The only way to get rid of such men has seemed to be to do away with the medical staff altogether and announce an "open hospital," and in some cases this has been done.

It is common to hear surgeons from large hospitals denounce those who practise surgery in small hospitals as unfit and incompetent, and to decry the "bad surgery" that is done in small places. Whenever the question comes up for discussion, local conditions and personalities loom up large in our minds, and help to shape our opinions.

The work of the Mayos at Rochester, Minn., is one shining example of good surgery done in a small place and they had to do the work before they got the recognition.



Hospital Costs

Dr. Thomas Howell discusses the problem of hospital costs and the causes of their variations. These costs include only the operating expenses, and as computed by hospitals, are only about 60 per cent. of the true cost. The hospital with an operating cost of \$1 a day and the other of \$3 represent the two extremes. The first represents the so-called city hospital operated in connection with almshouses and restricted by small appropriations. The other represents a restricted class of wealthy hospitals where economy is not so essential. Neither of these represents the average and they are not discussed here. Taking representative hospitals, city and private, we have costs from \$1.25 to \$2 per diem per patient, while another class, mostly private ones, have costs from \$2 to \$2.75. These are the two typical classes, and their equipment and buildings are very similar or identical. The initial cost of the \$2.50-a-day hospital is probably somewhat greater than that of the other. The actual factors affecting hospital costs are, first, location; second, amount of scientific work done; third, number of employees and salaries paid; fourth, medical school connection; fifth, proportion of private room to ward patients. The hospital in the large city, where standards are high, will cost more to maintain than one in a small city for the same reasons that the cost of a family varies likewise. Hospitals located in the South, other things being equal, should have lower costs than those in the North, the question of fuel accounting for this for one thing. The author believes that it will be found that the payrolls are the most influential factor in determining the average cost per patient. In the low-cost institutions the proportion of employees to patients is about two to three, and this is reversed in the high-cost hospitals. Municipal hospitals, outside of the large cities, are apt to be controlled by an economical city government which keeps their cost down. Another factor is that certain city officials and their clerks do the work for them that private hospitals must pay for. Hospitals which do high-class, scientific and educational work are bound to be more expensive than those which do merely routine clinical work,¹ and they are likely to have a more exacting and important class of cases. He has no statistics of American hospitals con-

nected with medical schools, but in London such are more expensive. The larger the proportion of private room to ward patients the larger will be the average cost per patient. Contrary to the general belief, larger institutions have higher per capita costs than small ones, owing to the broader lines on which they work and their more varied activities. The author does not believe that it will be possible to standardize hospital costs on account of the varying conditions that exist. Each institution, according to its own peculiar conditions and the demands made on it, is a law unto itself.—*Journal of A. M. A.*



The Financial Side of Hot Water Bottle Accidents

We have been told that hot water bottle accidents occur less frequently in hospitals than was the case some years ago. We hope it is true. But such accidents do occur, and sometimes they present a rather more complex problem than appears at first glance. For instance: A patient enters a hospital for a minor surgical operation, which the surgeon had said would necessitate a stay of not over ten days at the outside. The patient is a wage earner. He had arranged to be absent from his place of employment for ten days, and had made his calculations as to what his stay would cost. Through the carelessness of a nurse he receives a serious burn while unconscious from the anesthetic. The operation is successfully performed. The wound healed perfectly, and were it not for the burn he could have left the hospital in one week and returned to his work. As a general rule, wounds caused by hot water bottles are slow in healing and the patient is obliged to remain three weeks longer, in order to get that wound healed. He loses the salary he might have earned during that time; and is charged by the hospital the same rate per week as he had agreed to pay for the treatment for which he entered. He was prepared to pay \$15 for the week's room and care and the same rate for a day or two longer, if necessary, but he was totally unprepared to pay a bill of \$45 additional for the time he had to stay for the burn to heal and for the loss of three weeks' salary, which amounted to \$75 besides. The actual cost to him of the burn which the carelessness of the nurse had caused was the \$45 for the three weeks' additional time he had to spend in the hospital and the \$75 he would have earned.

How should the hospital deal with this man when he comes to settle his bill?

This is a real case, over which the superintendent and some of the board members differed in

regard to what the man should have been asked to pay. There are various other sides to hot water bottle accidents, which it is well to bring before nurses, but the superintendent who sends this incident would like some opinions on this one.

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Hospital Ventilation

The subject of ventilation is as old as hospitals, yet how little we really know about it! How little is really settled in regard to the best means of ventilating hospitals is shown in an article by T. J. Van Der Bent, of the firm of McKim, Mead & White, architects, New York, in a recent article in *The Modern Hospital*. Mr. Van Der Bent has been asking the question, "Is the so-called artificial ventilation of hospitals harmful and bad, or beneficial and good for the patients?" He has asked doctors in America and Europe and architects and engineers. The European engineers asked him to be less inquisitive and not to ask questions which were embarrassing and which might harm the business of the engineering contractors on heating and ventilation in Germany.

He considers it an important matter that the status of mechanical or so-called artificial ventilation be defined by the medical profession, so that architects might wisely decide as to the necessities and requirements of new hospital buildings. A thousand superintendents will be glad that Mr. Van Der Bent is thus troubling the medical profession or trying to, for apparently he has not succeeded in troubling them enough to seriously attack and settle the question—which is tremendously important to those who are building new hospitals. It would be interesting to know how many hospitals in the last ten years have installed costly mechanical ventilating systems, only to find them either defective or so troublesome and expensive to operate that they were abandoned and the old-fashioned plan of window ventilation depended on. Some systems will not work properly if there is a window open, and in hot weather some patients are inconsiderate enough to want a window open and foolish enough to like to *feel* the summer breeze on their cheeks. And, of course, all this foolishness upsets the ventilating system which the hospital board was so proud of on the opening day.

Here are some of the questions which Mr. Van Der Bent would like to have answered. He also wishes to lay before the medical men of the country the facts that millions of dollars are spent on ventilating plants which are not used at all; millions more on plants that are not operated properly, and large amounts on account of realizing too late the necessity of some ventilating scheme

in some parts of the hospital not realized when construction was begun.

"1. Does the air which passes through flues actually lose some of its curative properties, even if not heated?

"2. Does air filtering, which eliminates all particles of dust, decayed matter, horse manure, drawn up from the streets, and which, during high winds, blows into windows even over sixty feet above the ground, have a similar effect upon this curative property of air?

"3. Is it possible in all climates to always have windows open?

"4. Can ventilation and sufficient fresh air supply be obtained at all times under all possible climatic and atmospheric conditions?

"5. Does any data exist to prove any or all of the contentions of the doctors as to the harmfulness of air supplied through flues?

"6. Does any data exist of the harm done by open windows, due to drafts and over-exposure, and have statistics been carefully made as to the increase or decrease of cases of pneumonia, catarrh, bronchial trouble, etc.?

"7. Is any notice ever taken of the discomfort and suffering of patients in severe weather from open windows—the percentage of their number compared with those benefiting by same?"

✦

Bequests for the American Hospital Association

Do not be misled by the title. There are no bequests yet to report, but we hope that in future years there may be. We can think of a dozen ways by which the American Hospital Association could use bequests, large or small, to advantage, and with great benefit to mankind.

Given a ten-thousand-dollar endowment as a start, and we might establish that Hospital Bureau of Information and make it of great practical value to every hospital, large and small.

Given a moderate amount of support through endowment, the association could do far-reaching work in showing hospitals everywhere what they can do and ought to do in the prevention of sickness in their own communities—work that can better be done by hospitals than by any other agency; that will not be done unless they do it.

Given a couple of thousands of dollars a year extra, or even less, to be spent for educational purposes, the association could establish a summer course for the benefit of hospital workers of all classes—trustees, superintendents, instructors, ward head nurses, dietitians, accountants—a school that would accomplish much in promoting economy and efficiency in hospital management.

Given just a moderate fund to be expended in promoting organization of hospitals where they are needed and in preventing duplication of hospitals that are not needed; in preventing over-provision for the care of one class of patients and under-provision for the care of others just as badly in need of hospital care; in showing where dispensaries are needed and helping to get them started on wise lines of work—what a wonderful opportunity there is here for some philanthropist who wants to expend some of his surplus wealth so that it will yield the largest returns in benefit to humanity.

Dare we hope for such endowments? Why not? In the will of the late Dr. Bryant, of New York, provisional bequests are made to the American Medical Association and to the Medical Society of the State of New York. Not long ago we read of a \$50,000 bequest to another medical society. It remains for some benevolent individual to set the fashion of making bequests to the American Hospital Association.



Furnishing the Demonstration Room

A correspondent who is planning for the furnishing of a new wing to the hospital and a new nurses' home, has asked for a list of the articles she should try to have in the demonstration room, which is in the basement or "ground floor" of the nurses' home.

In this connection we cannot do better than to reprint the list of articles used in the demonstration room of the Hospital for Sick Children, Toronto, published a few years ago. These are as follows:

"Beds, two—one adult's, one child's; tables, three—two large for work, one small for bedside trays; tub, wringer, sheet, mackintosh, screen, croup kettle and stand, funnel and pipe; body cradles, two; frames, two—one Whitman, one Bradford; blackboard, cupboard in two compartments, having five shelves in each compartment. On these shelves are jars containing flour, mustard, linseed meal, lactose, salt, etc.

"On the other side are medicines, very few; instruments for ward examinations, dressings, etc.; basins and bowls, surgical supplies, solutions, treatment trays, toilet basket, ice caps, rubber and Japanese.

"Below are kept linen, a small supply; blankets for bed and bath, a small supply; hot water bottles, large and small; covers for hot water bottles, stupe set, foot bath, box splint.

"These supplies are kept as permanent furnishings. Additional articles for demonstration are often brought from the wards for special lessons."

To this list we might add an adult doll or manikin, and if the demonstration room is to serve also as a class or lecture room, an anatomical chart, and other features for illustrating lectures are desirable.



Concerning Authority

The superintendent of a hospital in Massachusetts sends the following questions concerning the authority and rank of different persons in a medium-sized hospital:

"How much authority should the superintendent of a hospital have?

"How much authority has the staff over the superintendent or the superintendent over the staff?

"What are the duties of the superintendent?

"What are the duties of the superintendent of nurses?

"How much authority has the staff in regard to the training school?

"In a hospital which has a superintendent, a head nurse, a night supervisor, a graduate nurse as anesthetist and an interne, where does the interne rank?

"If the anesthetist is paid more than the night superintendent, which one is the superior officer?"

We shall be glad to have superintendents give their opinions on these questions through the magazine.



Hattiesburg Hospital

The new wing of the Hattiesburg Hospital, Hattiesburg, Miss., has been completed and is now ready to be occupied. The addition increases the capacity of the hospital by 50 per cent., and makes it one of the finest in the State.

The new wing was built under the direction of Miss Quinn, head nurse at the hospital. It is modeled after the best of city hospitals and is completely sanitary, in addition to being neatly arranged.

The new wing contains the special wards. There are a number of private rooms for special patients. Each room has its bath and private linen closet. Several of the rooms have exposure on three sides. The wing is provided with broad sun porches, where the patients can sit completely isolated from the remainder of the building.

With the opening of the new wing the Hattiesburg Hospital is put on a par with the best hospitals in the South.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Why I Like Institutional Work

To the Editor of The Trained Nurse:

I was interested in an article in the July number of *THE TRAINED NURSE* on the subject of institutional nursing, and thought I would add my letter to the "shower" and tell why I like institutional work.

Since my graduation in 1909 I have devoted my entire time to institutional work. Some one may say, "How do you know you would not like private nursing when you have not tried it?" I had five months of specialing while in training, which could not be called private nursing in the full sense of the term, as I was under the supervision of my superintendent and in the environment of a very regular life in my own hospital, but I decided then I would not like it as well as the institutional work and I am still of the same opinion. When I was about to graduate I had the offer of a position in a large hospital in the Middle West, which came to me through the interest and influence of my superintendent, who knew each of her pupil nurses individually, and seemed to know better than we ourselves the branch of nursing we were best adapted for. I accepted the position with some hesitation, not because I did not want to take it, but fear and lack of confidence lest I should fall short of their expectations as to my ability to manage a large ward in a hospital. I shall always feel grateful to my superintendent for the personal interest she so keenly felt in each one of us, and appreciate her pleasure when we did good work in the positions she was instrumental in placing us. Her ideals were high and our ambitions were to attain them.

I started in my hospital career with a very interesting surgical ward of about thirty-five beds, with an active ambulance service. I loved the work. We cared for so many patients and learned a great deal every day. The work was hard at times, but our interest and enthusiasm in it made it possible to forget that phase until we retired at night and then the comforts of the home and the knowledge of a full night's rest ahead of us was sufficient to prepare us for the coming day, which we looked forward to as hold-

ing "something worth while" to do for some one who needed our care. The appreciation of the sufferers, their grateful glances for care and kindness touched our hearts and added zest and a willingness to do more to brighten the lives and add to the comfort of those committed to our care.

I like the system and daily routine of the institution—a time for everything, a place for everything and everything in its place. So much can be accomplished in so short a time in the well-equipped, well-regulated hospital and with so little commotion, but it may be we miss the opportunity of the private duty nurse who has to use her skill and ingenuity to improvise something "just as good" as we have in the hospital to use in caring for the patient to the best advantage of all—the patient first, the doctor in whose care he is placed, the satisfaction of the nurse in her share of the work and the hospital as a whole for the permanent results obtained. Then we have a permanent home, where we know we are going to be for a definite time. The regular life is more conducive to health, as I believe it is generally understood that the average nurse does not practise what she preaches to her patients in regard to taking care of her own health. The nurse who is on twenty-four-hour duty has often to give up her rest and sleep and hurry with her meals because of the needs of her patient, and she does so willingly and at risk of her own health, to save a life which is confidently placed in her care.

I love the association of the pupil nurse in the hospital life—her earnestness in doing the little duties entrusted to her, and the eager, ambitious spirit keeps the flame of progress aglow. I truly believe that the teacher of the young nurse should be specially trained for that work, as her first impressions are lasting and, therefore, should be the best it is possible to give.

Vacations, or "rest awhile periods" are usually taken by the institutional nurse when she wishes and plans may be made in due time to use every day of the holiday time to best advantage. A pleasure trip is usually included in the time allotted to her, and she can plan it all to suit her own convenience and pleasure. She knows the remainder of the year is going to be steady em-

ployment unless sickness interferes, and in that case she is in the right place to be well cared for.

I like the hospital work because of the advantage the nurse has to keep abreast with the progress of medicine and surgery. Everything new and modern is first found in use in the hospitals, and nearly all the best known and most progressive physicians are connected with hospitals and other institutions giving instruction to students and nurses.

I might say more in favor of institutional work from my viewpoint. These are a few of the reasons why I like institutional work.

AGNES J. STARK, R.N.

To the Editor of The Trained Nurse:

In your July number you ask to hear from nurses who like hospital work. In my opinion, it is hard for a nurse who has had a graduate position in a hospital to ever be fully satisfied in private nursing. I have tried both and was very glad to go back into the hospital again. A good many nurses think the private nurse with one patient has an easy time. Sometimes she does, but the easy times are more than offset by the hard cases. In the hospital we are usually sure of our own bed and room and our night's rest, which means a good deal. We work harder while we are on duty than the private nurse does, but we know we will be relieved. There is enough excitement in the hospital to keep the days from being monotonous. We are always learning something new and meeting pleasant people. I like the regularity of the life—regular hours, regular salary, etc. I felt like a fish out of water till I got a hospital position again.

AMANDA M. LEARY, R.N.



The Question of Orderlies

To the Editor of The Trained Nurse:

In answer to letter, "Efficient Orderlies," in April number, I would ask if A. C. J. has done institutional nursing; if so, what success she has had in securing efficient orderlies. I think we all agree that only efficient orderlies should be allowed to care in any measure for the sick, but what if we cannot secure these efficient helpers!

A. C. J. writes that she thinks it unjust for nurses to do many of the things required for male patients. As an institutional nurse, I am prepared to say that it is impossible to get enough intelligent men to help in this work. If we are fortunate enough to secure one who is intelligent enough to learn what he is taught, we

have no way of making sure that this orderly will stay more than a short time in our wards. It is very easy, then, for our orderly to go out as a trained attendant. Why not? He gives enemas well, knows how to bathe the patient, take temperature, etc. I insist that if the graduate nurse wants to make her services solicited in preference to the trained attendant and practical nurse we hear so much about, the first step in this direction is to nurse the patient ourselves, not stand by and instruct an orderly in a hospital or a man who happens to be at hand in a private home. If all superintendents would demand that all treatments for *all* patients be carried out by the nurse, that the orderlies be made to know that they are not nurses but cleaners, I believe that much would be done to making our graduate nurse much preferred to the practical nurse and attendant. I do not mean that nurses should regularly catheterize male patients—such treatment should always be done by a doctor, and in the institutions of which I know, always is—but our nurses should be taught that in emergency or at any times when such a treatment is needed and a doctor is not at hand, that they should without hesitation treat the patient as he needs. If the patient knows that his nurse is ready to do anything for his benefit or relief, he will not hesitate between a graduate nurse and male attendant. A. C. J. states that in Southern hospitals nurses were not required to do anything for the male patient. This is incorrect; Southern nurses are required to do the same for their male patients as any nurses. The employing of intelligent men in hospitals to nurse the male patient, as A. C. J. recommends, will not do as much for our profession and our hospitals, and our patients, as educating our nurses to care for the male patient as we all would wish our ill brother to be cared for. I am not a Southern graduate, but at present hold a position in a Southern hospital. I am greatly interested in our magazine and thank our editor for this valuable space.

A SUBSCRIBER.



Did She Do Right?

To the Editor of The Trained Nurse:

The discussion under the head of "Did She Do Right?" much interested me, and as it was open for discussion and the opinions of nurse readers sought, I will offer mine. Miss S. may have or may not have been justified in giving the hypodermic injection of strychnine. We did not see the patient. However, if Miss S., after placing the patient in a recumbent position and applying cold water freely to face and chest after cloth-

ing had been loosened, possibly giving a little smelling salts or spirits of ammonia to inhale, the patient did not revive, and if the pulse was found weak, Miss S. was, as far as I can see, living up to her profession, and was justified in giving 1-30 gr. or less of strychnine sulphate hypodermically. An ordinary faint would not justify her in doing so. Circumstances alter cases. In the case mentioned I could not condemn her. She applied the best restoratives she had. Had the lady lived, Miss S. would have received credit, but she died. Credit her with using her best judgment. Ethics were not disregarded.

M. W. HICKOCK, G.N.



Is She a Trained Nurse?

To the Editor of The Trained Nurse:

There is a question I have for a long time wished to ask some one who could give me the right answer. Will you kindly answer it for me? When a woman gets a diploma from a correspondence school of nursing of good standing, has she a right to the name of *trained* nurse?

I got the foundation for my training in nursing at a hospital school. I should have liked to have finished the full course there; but, because of circumstances at home, was unable to do so. Then, because I loved nursing and was anxious to do my work intelligently, I took up a course in a correspondence school of nursing, and graduated with a standing of 97 per cent. in the first course and 92.4 in the second. During the time I was studying and since then I have been busy most of the time and I feel that I have done my work conscientiously and satisfactorily, both to patients and physicians. In one home I have been twice, once for six weeks, nursing three children through a siege of scarlet fever; another time for eighteen weeks, taking care of an old grandmother. There have been eight different nurses in that home, most of them hospital graduates, but the lady said she preferred me to all of them. Can I be called a "*trained* nurse"? The correspondence school says most emphatically "Yes," and I am called so by many here, but will you kindly tell me what is *right*? I hardly feel that I am entitled to the term, and yet I am surely more than a practical nurse.

D. L., Spring Valley.

[In considering a question such as the above, we at once come up against an indisputable fact,

namely, that the term "*trained nurse*" came into existence with the establishment of hospital training schools for nurses, as a name to designate the graduates of such schools. It has been connected with hospital schools through the succeeding years, and the idea conveyed by the use of the term is that the one using it is a graduate of a hospital school. There is no getting away from this fact. On the other hand, any term of months spent in a hospital school represents a certain amount of training, and this taken in connection with a good theoretical course should give one a better equipment than that of the ordinary practical nurse. Such a nurse would be justified, we think, in calling herself "*under-graduate*." Aside from any other consideration, it is a foolish policy for a nurse to call herself a "*trained nurse*" if she is not a hospital graduate, as in some States this is already a misdemeanor under the law, and in other States nurses are working to secure legislation to protect the term in like manner.—ED.]



In Defense of Her Alma Mater

To the Editor of The Trained Nurse:

After reading the article headed "What About Training," in the July number, I feel as if I must make a protest, as the school of which I am proud to say I am a graduate is mentioned. I understand, of course, the person is judging from figures alone, which does not seem to me to be quite fair, as other hospitals *are* laboring under the same disadvantage (that of shortage of nurses). Any nurse graduating from my school who is not fitted both in theory and practice to enter *any* family has only herself to blame. True, we have charity patients only, but does that necessarily mean a poor nurse? I have known nurses—and I mean nurses who have good reputations—who have graduated from other hospitals who have done things to patients, which if they had done them in my hospital, they would have gone out without a diploma, and some of these things have happened in my own family. For a number of years several of our graduates have taken the purple seal in the New York State Registration. Does that mean anything? In regard to the question did the nurse do right in administering strychnine, it seems to me the nurse could not have conscientiously done anything else; while we are not to prescribe we are taught to meet emergencies.

JOSEPHINE B. HAMILTON, R.N.



GRADUATING CLASS OF NURSES, KANE SUMMIT (PA.) HOSPITAL

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Spanish-American War Nurses

The Spanish-American War Nurses will hold their fifteenth annual convention at Detroit, Mich., September 1 to 4, 1914, with headquarters at Tuller Hotel. A very attractive social feature not mentioned in the program published in our August number is a "Tea" to be given by the Detroit nurses at their new club house.



Graduate Nurse and Dietitian (Female) \$1,200

The United States Civil Service Commission announces an open competitive examination for graduate nurse and dietitian, for women only, on September 2, 1914. From the register of eligibles resulting from this examination certification will be made to fill a vacancy in this position in the United States Public Health Service, for duty in the Pellagra Hospital at Spartanburg, S. C., at a salary not exceeding \$1,200 a year (in addition to board and room or compensation therefor), and vacancies as they may occur in positions requiring similar qualifications, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer or promotion.

The duties of this position will be to assist in making metabolic and dietetic studies in relation to pellagra and to supervise the nursing. No administrative work will be required.

Competitors will be examined in the following subjects, which will have the relative weights indicated:

SUBJECTS	WEIGHTS
1. Nursing.....	20
2. Dietetics.....	40
3. General education.....	10
4. Practical experience.....	30
Total.....	100

Graduation from a school of nursing of recognized standing, and not less than one year's experience in metabolism work, are prerequisites for consideration for this position. Statements as to education and experience are accepted subject to verification. Applicants must have reached their twentieth but not their fortieth birthday on the date of the examination. No sample questions of this examination will be furnished. This examination is open to all women who are citizens of the United States, and who meet the requirements.

Persons who meet the requirements and desire this examination should at once apply for application Form 1312, stating the title of the examination for which the form is desired, to the

United States Civil Service Commission, Washington, D. C. No application will be accepted unless properly executed, excluding the medical certificate, and filed with the Commission at Washington in time to arrange for the examination at the place selected by the applicant. The exact title of the examination as given at the head of this announcement should be stated in the application form.



New Hampshire

On the evening of June 9, 1914, the Memorial Hospital Training School for Nurses of North Conway graduated its first class. The exercises were held in Masonic Hall, before a large audience. The stage was decorated with American and Canadian flags, in honor of Miss Lillian Fraser, superintendent, and three of the graduates, who are Canadians. Prof. Roger Merriam, president of the board of trustees, introduced the Hon. W. D. H. Hill, who gave a short talk on what the hospital stands for; he was followed by Dr. G. H. Shedd, who presented valuable statistics regarding the work of the hospital. The speaker of the evening was Dr. Walter Bradford Cannon, of Harvard Medical School, who pictured the growth of the science of medicine in an intensely interesting manner. Professor Merriam presented the diplomas, with appropriate remarks. Mrs. Daniel Merriman presented the class pins. The graduates are Misses Richardson, Locke, McBride, Beeman and Roy. After the exercises were concluded in the hall, a large number of invited guests repaired to Hotel Randall, where the graduates held an informal reception, and later in the evening refreshments were served.



Connecticut

The regular summer meeting of the Nurses' Alumnae Association of Grace Hospital, New Haven, was held in July at the Nurses' Dormitory. There were seven members present, with the president in the chair. Announcement was made of the birth of a son to Alice Bronson Coleman, and the marriage of Ida Jackowitz. After the transaction of routine business, the re-

port of the delegate to the convention at St. Louis was given, and an informal discussion followed.



New York

The New York County Registered Nurses' Association held its annual meeting on June 2, when the following officers were elected: President, Elizabeth E. Golding; vice-president, Irene Taylor; recording secretary, Jean Hayman; corresponding secretary, Beatrice M. Bamber; treasurer, Emma Duensing; trustee for three years, Sophie V. Kiel; executive committee, Jennie M. Greenthal, Isabel M. Stewart, Josephine Hughes; chairmen of committees—credential, Annie McEdwards; by-laws, Irene Yocum; press and publication, Anna C. Maxwell; finance, Jennie M. Greenthal; lectures and papers, Mrs. C. V. Twiss; legislative, Anne W. Goodrich; public health, Mrs. Humphreys. It was decided to hold meetings five times during the year—October, December, February, April and June. The hourly nursing service of the Central Directory has proved so much of a success that a second nurse will soon be employed for the work. Miss Dolliver, registrar of the Directory, has resigned her position.

The Brooklyn Hospital Training School Alumnae Association held its regular monthly meeting on June 2. Five new graduates were elected to membership. The report of the proceedings of the convention of the American Nurses' Association was submitted by the delegates, Miss Hardy and Miss Brooker. A lawn fête was held on the hospital grounds on May 28. The proceeds, nearly \$100, will be applied upon the debt on the club house. No meetings will be held during the summer months.



New Jersey

The contract for the addition to the Nurses' Home of the Elizabeth General Hospital, Elizabeth, N. J., has been awarded to the M. Byrnes Building Company, 430 Westfield Avenue, Elizabeth. The class and demonstration rooms are modern and well equipped. The kitchen, laundry and sewing rooms will be much appreciated by the nurses, and the recreation and assembly rooms will also be spacious and attractive. An opportunity for fresh air has been provided in the veranda and roof garden. The addition has been needed for some time, but for the last year the large increase in the number of patients in

the hospital has made it imperative to increase the number of nurses. The training school will be ready for a large class this fall, and there is equipment for giving the most advanced teaching. Miss E. D. Ayers is superintendent of the hospital, and Miss E. L. Stowe superintendent of nurses.



Pennsylvania

The annual commencement of the Nurses' Training School of the Nason Hospital, Roaring Spring, was held in the High School auditorium on June 25, 1914. The diplomas were presented by Dr. S. C. Smith to the following graduates: C. Alice Smith, Minnie E. Pfordt, Ella G. Russell. The class colors are purple and white. Immediately after the exercises a reception was held in the parlors of the institution, which was largely attended. Several interesting addresses were made.

The members of the Nurses' Alumnae Association of the Nason Hospital met and adopted the following resolutions:

WHEREAS, It has pleased our Heavenly Father in His infinite wisdom to remove from our midst our member, Clara Hay, of the Class of 1909,

RESOLVED, That we desire to express our sincere sorrow for her death, and extend to her family our heartfelt sympathy in this their bereavement.



Mississippi

The second annual graduating exercises of the Hattiesburg Hospital Training School for Nurses were held Tuesday evening, June 2, at the Auditorium, Hattiesburg. The stage was decorated with cut flowers and ferns and presented a beautiful appearance. At 8.30 o'clock the speakers took their places at the center of the stage, followed by the musicians, who were seated on the right, then came the graduating class and pupils of the school and the superintendent, who took their places at the left. Dr. H. L. McKinnon presided. The address to the class was delivered by Dr. James E. Hulett. Other speakers of the evening were Hon. John R. Tally and Rev. John T. Christian. Preceding the administration of the Nightingale Pledge, the superintendent, Miss Jennie M. Quinn, gave a brief though impressive talk, in which she earnestly urged the members of the class to live up to the precepts of the pledge. Dr. T. E. Ross, president of the board of directors, presented the

diplomas and class pins. The members of the class were Miss Ella Portis Ware, Miss Julia Edna Anding, and Ada Lee Burdette.

Miss Jennie M. Quinn, the efficient superintendent of Hattiesburg Hospital, has received appointment from Governor Brewer as a member of the State Board of Examiners for Nurses. This appointment comes as a recognition of Miss Quinn's ability, not only as a nurse but as a director of hospital work and hospital buildings. The new wing of the hospital, which has just been completed, was built under her direction, and it is recognized as being one of the best in the State, both as to sanitation and to the comfort and welfare of the patient.



Louisiana

STATE BOARD EXAMINATION

Anatomy—1. What is connective tissue and name the three groups of same? 2. Name the bones of the forearm. 3. In classification of joints, under what head would you place the hip and shoulder joints? 4. Mention at least six voluntary muscles. 5. Tell what you know about the masseter and temporal muscles? 6. What special name do you give the membrane surrounding the lungs, and would you class it a serous or mucous membrane? 7. Describe the heart. 8. Trace the blood through the pulmonary circulation. 9. Tell all you know about the large intestine generally. 10. Describe the liver generally. 11. Give gross anatomy and function of the skin. 12. Where do you find sudoriferous or sweat glands?

Physiology—1. Define physiology. 2. In what part of the circulation does the blood absorb its oxygen? 3. (a) What vessels convey the blood from the heart? (b) What vessels convey the blood to the heart? (c) What are the capillary blood vessels? 4. (a) In what part of the digestive tract is gastric juice secreted? (b) Is the gastric juice normally acid or alkaline in reaction? 5. In what part of the digestive tract are starches acted upon chiefly? 6. What is the source of bile? 7. (a) What is the chief function of the kidneys? (b) Through what channel does urine pass from the kidneys into the bladder? 8. Which of the following are secretions and which excretions: (a) sweat? (b) urine? (c) saliva? (d) pancreatic juice? 9. What nerve governs the special sense of smell? Sight? Hearing? 10. What is the normal temperature? Pulse? Respiration?

Obstetrics—1. Usual preparation of patient for labor in so far as patient's excrements are concerned? 2. Preparation from standpoint of asepsis? 3. Mention the number of stages composing labor; briefly describing same. 4. Define words multipara, primipara, inertia and lochia. 5. What is usual length of labor in primipara? 6. Treatment of new-born child, including handling of cord. 7. State length of time cases are usually kept in bed. 8. What care should be taken of the parturient's nipples? 9. Care of laceration of



GRADUATING CLASS, HATTIESBURG (MISSISSIPPI) HOSPITAL

perineum? 10. Mention some things that would come within the province of the nurse in post-partum hemorrhage.

Dietetics—1. How and what should be the feeding of a new-born child and until what age should same be continued? 2. When a child begins taking solid food, state character of food and frequency of feeding. 3. State the average weight of child from birth to one year. 4. What is the relative food value of starches, proteids and fats? 5. Where does the digestion of the above occur? 6. Describe the usual diet in typhoid treatment. 7. What do you understand as the caloric unit? 8. Give approximately the food value of cow's milk. 9. What do you understand by the term Pasteurized milk? 10. Give post- and pre-operative dieting of patients.

Care of Children—1. Give your first attention to the new-born baby. 2. Tell all about the care of and how would you nourish baby during first days? What is colostrum? 3. (a) Mention the four methods of feeding infants. (b) Which do you consider best? 4. Tell all about the weight of the baby during first six months. 5. Tell all you know about cereals and cereal gruels. 6. Mention some of the common causes of diarrhea in children. 7. State your way of giving an enema to an infant. 8. Mention some common causes of convulsions in children and state how you would manage a child until the arrival of physician. 9. Mention the most common con-

tagious diseases of children. 10. What are nutrient enemata? Give several recipes.

Bacteriology and Hygiene—1. Define saprophyte; anarobic; antitoxin. 2. Give example of each. 3. Name most common pathogenic bacteria found in impure milk. 4. Give method of Pasteurization in detail. 5. How would you disinfect following a case of gonorrhea? 6. Outline hygienic care of tuberculosis. 7. What is the most desirable position in reading? 8. Give number of cubic feet air space of patient's room in hospital ward. 9. What exposure of light is preferable for sick room and sick bed? 10. Why?

Medical Nursing—1. How drop a solution into the eye? 2. General care of a patient with diphtheria. 3. Disposal of excreta from a typhoid patient. 4. Methods of taking temperature in an infant. 5. General measures to prevent bedsores. 6. General care of a pneumonia case. 7. Hygiene of the mouth and teeth in febrile conditions. 8. General care of the skin of patients with exanthematic diseases. 9. Management of pulmonary tuberculosis, with special reference to climate, rest and diet. 10. Special care of a patient with an acute contagious eye infection.

Surgical Nursing—1. General preparation of a room in a private house for a major operation. 2. Preparation of a saline and temperature at which it should be administered. 3. General preparation of patient before giving a general anesthetic. 4. How to prepare patient for a radical mastoid operation. 5. What to do in a case of hemorrhage after tonsillectomy until physician arrives. 6. Three methods, with solutions used, for sterilizing the hands. 7. Sterilization of operating instruments. 8. What would you use in giving a simple enema, nutritive enema, an enema for "gas pains"? 9. Give technique of catheterization (in female), with precautions to be observed. 10. Management of patient "reacting" after an anesthetic; relief of the nausea, etc.

Materia Medica—1. Define the following terms: (a) Antipyretic? (b) Vesicant? (c) Antiseptic? (d) Antitoxin? (e) Sedative? 2. Of what drug is codeine the active principle? Digitalin? Pilocarpine? 3. Give symptoms and treatment of carbolic acid poison? 4. Give average dose of the following: (a) Camphorated tincture of opium? (b) Tincture of opium? (c) Dover's powders? (d) Morphine? (e) Strychnine? 5. Does atropin dilate or contract the pupil? 6. Name two hypnotics? Two emetics? One diuretic? 7. In what condition is urotropin a valuable remedy? 8. What are the indications for discontinuing the use of Fowler's solution or any arsenical preparation? 9. Name three preparations of iron and the dose of each? 10. In administering acids why should they be given diluted and through a tube?



Kentucky

NURSE REGISTRATION BILL

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE COMMONWEALTH OF KENTUCKY:

SECTION 1. That within thirty days from the time this Act becomes effective the Governor of the State shall appoint a board to be known as

"State Board of Examiners of Trained Nurses." Said board shall be composed of five members, who shall be elected from a list of ten names proposed in writing by the Kentucky State Association of Graduate Nurses. At the time of appointment, the members of the said board must be actual residents of this State and engaged in the work of trained nurses. They shall have been graduated for a period of at least five years prior to their appointment from a reputable training school for nurses, and with the exception of those appointed as the first members of said board, shall have been registered under the provisions of this Act. The members of said board shall hold their respective positions for four years and until their successors are appointed and qualified. Upon the expiration of their terms of office, the Governor shall appoint a new board of like number and qualification, but in making such appointments, he shall reappoint at least two of the members first appointed by him, such appointments to be made upon similar recommendations. The Governor shall have a right to remove any member of said board for a continued neglect of duty, and he shall have a right to fill all vacancies occurring in said board from time to time, in the same manner as original appointments are provided for herein.

SEC. 2. Said board of examiners shall immediately after their appointment, or as soon as practicable thereafter, meet in the city of Frankfort and organize by the election of one of their number as president, who shall also be and act as inspector of training schools for nurses in this State, and a secretary, who shall act as-treasurer.

Three members shall constitute a quorum for the transaction of business, and said board shall have the right to enact such by-laws as may be necessary for their government, not in conflict with the laws of this State.

SEC. 3. Said board shall adopt a seal and the secretary shall keep a record of all the proceedings of said board, including a register of the names of all nurses and training schools for nurses registered under this Act. Said register shall at all reasonable times be open to public inspection, and said inspector shall inspect all training schools for nurses existing in the State of Kentucky and shall register such schools as fulfil the requirements of this Act. Said board shall cause the prosecution of all persons violating the provisions of this Act, and may incur all necessary expenses in so doing.

SEC. 4. The salary of the secretary shall be fixed by the board and shall not be less than \$100 nor more than \$500 per annum. The other members of the board shall receive \$5 per day for each day actually engaged in attendance upon the meetings of said board, and the expenses incurred in going to and coming from the place of meetings and inspection of training schools for nurses, and all legitimate and necessary expenses incurred in attending such meetings. All expenses of the board, including all salaries and compensation, shall be paid from the fees received by said board "by the State treasurer upon monthly itemized statements of salaries and expenses, submitted to the State auditor out of said fund exclusively." A report of all receipts and expenditures shall be made to the Government on or about December 15 of each year after the passage of this Act. All

Synol Soap for Nurses

The constant washing of the hands with Synol Soap while attending the sick will engender in nurses a feeling of confidence, particularly in contagious diseases. In this practice the nail brush will not be required, except where the hands have been soiled by contact with excretions. It will be quite sufficient first to wet the hands, then to pour over them a teaspoonful of Synol Soap and rub them together vigorously and finally to wash them under a stream of warm water.

In hospitals and private practice, Synol Soap, being positively germicidal, will be found far superior to green soap in all its uses.

Vessels for receiving sputum, urinals, bed pans and similar utensils, should be washed with a three per cent. solution of Synol Soap, and should constantly contain such a solution to disinfect the discharges and prevent their adhering to the inside of the vessels. Clothing, towels, napkins, and other articles used by the sick should be washed in a solution of Synol, then boiled for ten minutes in a five per cent. solution. This practice will be found advantageous in dealing with communicable diseases and eruptive fevers, and will do away with objectionable antiseptics.

In handling infectious cases it is well for the nurse to wear cotton gloves that have been wrung out in a three per cent. solution of Synol Soap. This course will save much time, since rinsing the hands under a stream of warm water after removing the gloves will be sufficient. Synol Soap should be used for the bath of the nurse and of the patient in contagious diseases.



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Fall Class opens Sept. 29th, 1914, and Nov. 18th, 1914

Winter Class opens January 20th, 1915

Spring Class opens April 7th, 1915

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutical Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania.)

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College.)

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.).

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

S. B. Harris, M. D., D. D. S. (Medico-Chirurgical College.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp., etc.)

Tyra Gownius, (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, M. Schmidt { Penn. Orth. Institute.
Edith W. Knight, M. E. Stevenson {

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MAX J. WALTER, M. D., Superintendent

moneys and receipts of such board shall be kept in a special fund by and for the use of said board exclusively by the treasurer of the Commonwealth of Kentucky.

SEC. 5. It shall be the duty of the board to meet for the purpose of holding examinations not less than once in each year, at such time and places as they determine, and the board may adopt rules for its government and examination of applicants for registration in accordance with the provisions of this Act. Notice of the meetings of said board shall be published in two newspapers of general circulation, and in at least one journal devoted to the interests of professional nursing, and after applications are received, notice by mail to every applicant and to every reputable training school in this State at least thirty days prior to the meeting. At such meeting it shall be the duty of said board to examine all applicants for registration under the provisions of this Act, as are required to be examined, and to issue to each duly qualified applicant, who shall have complied with the provisions of this Act and pass such examination, a certificate of registration. Any person to whom a certificate of registration shall be issued shall, within thirty days thereafter, cause the same to be recorded with the county clerk of the county in which such person resides at the time of application, and such person shall be prepared, whenever requested, to exhibit such certificate or a certified copy thereof. Registered nurses changing residence in this State must present certificate of registration to the county clerk of the county of their new residence within thirty days of the time of establishing such new residence. All applicants for registration shall furnish satisfactory evidence that he or she is at least twenty-one years of age, of good moral character, and has been graduated from a school of nurses connected with a special hospital, or infirmary, or general hospital approved by said board, where a systematic course of at least two years' instruction is given, except in cases hereinafter provided for, and all persons registered under the provisions of this Act shall pay to the treasurer of said board a registration fee of ten dollars, which shall accompany the application. "And shall annually thereafter pay to said treasurer a renewal fee of one dollar, all of which shall be converted into the State treasury."

SEC. 6. Before any person, except those herein specifically excepted, shall be given a certificate of registration, such person shall be required to undergo an examination by said board touching his or her qualifications as a trained nurse, and shall pass the same to the satisfaction of the majority of said board. The examination to be given such applicants by said board shall be of such character as to determine the fitness of the applicant to practise professional nursing, and shall include the following subjects, namely: Practical nursing, surgical nursing, obstetrical nursing, hygienic, contagion, diet cooking, materia medica, anatomy, physiology, gynecology and all other matters deemed necessary and proper by said board to be required of, to establish the fitness and qualification of the applicant.

SEC. 7. All graduate nurses who are honorably engaged in nursing at the time of the passage of this Act, and have been residents of the State of

Kentucky for six months prior thereto, and who shall show to the satisfaction of the board that he or she is of good moral character and was graduated from training school connected with a special hospital or infirmary, or a general hospital of good reputation, and who in other respects meets the requirements of this Act, shall be entitled to be registered and given a certificate of registration without examination, provided the written application to be so registered shall be filed by such persons with the secretary of the board on or before August 1, 1914, and all persons who have in good faith been honorably engaged in the practice of trained nursing under a diploma received by them prior to the year 1893, after one year's training in a reputable school, shall in like manner be entitled to a certificate of registration without examination, upon the payment of the registration fee of \$10.

All nurses in training at the time of the passage of the Act in a reputable training school supplying a systematic training, corresponding to the above standard, provided they graduate therefrom, shall, upon receiving a diploma from said school, be entitled in like manner to register without examination.

SEC. 8. Applicants shall be registered and given a certificate of registration who shall present a certificate of registration from another State, territory or foreign country, where the requirements for registration shall be deemed by said board to be equivalent to these provided for in this Act, such applicants paying the fee of \$10 for such certificate.

SEC. 9. It shall be unlawful for any person to practise nursing as a trained nurse without having obtained a certificate of registration as herein provided.

SEC. 10. The said board of examiners may refuse to issue the certificate of registration provided for in this Act for any of the following causes:

1. Presentation to the board of any license, certificate or diploma which was illegally or fraudulently obtained, or the practice of fraud or deception in passing examination.

2. Where a person has been convicted of a crime or misdemeanor where such person has been convicted of such offense.

3. Chronic or persistent inebriety or addiction to a drug habit, which disqualifies the applicant to practise with safety to the public.

4. Any act of dishonesty, gross incompetency, or any act derogative to the standing or morals of the nursing profession, or any other grossly unprofessional or dishonorable conduct of a character likely to deceive or defraud the public, and said board may revoke a certificate for any of the causes for which it may refuse to grant a certificate under the provisions of this Act.

SEC. 11. In all proceedings for suspension or revocation under this Act, the holder of a certificate shall be furnished with a copy of the charges and shall be given at least thirty days to prepare a defense. He or she shall be heard by said board in person or by counsel, as he or she may select, and at such hearing and in all matters arising in the course of their duties, the president and secretary shall have authority to administer the oath, and at such hearing the board may take

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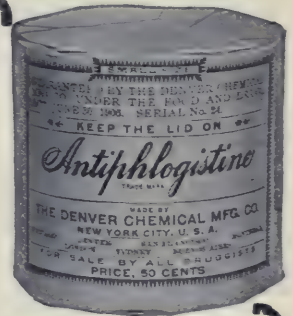
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oral or written proof for and against the complainants it may deem will best preserve the facts.

In case of refusal, suspension or revocation, the applicant or holder may appeal to the Kentucky State Association of Graduate Nurses at the first annual meeting thereafter, whose decision by a majority vote upon such appeal shall be final.

SEC. 12. This Act shall not be construed to interfere in any way with religious institutions which have charge of hospitals, and as such take care of sick in their home or institution, and this Act shall not be construed to affect or apply to gratuitous nursing of the sick "either gratuitously or for compensation" by a friend or member of the family or to a person nursing the sick who does not in any way assume to be a trained, graduate, or registered nurse, or hold herself or himself out as discharging the duties of a trained, graduate, or registered nurse.

SEC. 13. Any person who has received a certificate according to the provisions of this Act shall be styled and known as a registered nurse, and shall be entitled to append the letters "R.N." to his or her name, and no person shall assume or knowingly permit any other person to use such abbreviation "R.N." or any other words or figures after his or her name, or after the name of any other person for the purpose of indicating that such person is a registered nurse, unless registered as required by this Act.

SEC. 14. Any person who shall practise as a trained nurse, or in any way represent himself or herself as a trained or registered nurse in this State without holding a certificate of registration as herein provided, or who shall violate any of the provisions of this Act, shall be subject to a fine of not less than \$5 nor more than \$15, and each day such person shall practise or violate any provision of this Act shall be deemed a separate offense.

SEC. 15. Any person who shall wilfully make any false representations to such board in applying for a certificate of registration shall be guilty of a misdemeanor and upon conviction be fined not more than \$500.

SEC. 16. All certificates of registration issued by said board shall be signed by the president and secretary of said board, and have the seal affixed.

SEC. 17. Every person receiving a certificate from said board shall cause the same to be recorded in the office of the county clerk of the county in which such person resides, and shall pay to the clerk the sum of fifty cents for recording the same.



Missouri

The annual commencement exercises of the Jewish Hospital Training School for Nurses were held on Tuesday evening, June 2, 1914. The commencement address was delivered by Mr. Roger Baldwin, secretary of the Civic League. The following were given diplomas: Gertrude Schoen, Charlotte J. Kuehne, Jennie L. Hulse, Edna M. Wenger, Isabelle G. Simpson, Avis Fletcher, Frances C. Moore, Orpha L. Jennings, Caroline K. Struck, Emma K. Roediger. Announcement was made of an annual scholarship

in Teachers College of Columbia University, New York, of the value of \$700, by the Training School Alumnae and the Ladies' Auxiliary Board, to be given to the graduate receiving the highest grade, limited to those whose education entitles them to enter that institution. The scholarship of this year was awarded to Miss Edna M. Wenger.



Michigan

The Michigan State League of Nursing Education, at its meeting in Lansing elected the following officers: President, Annie M. Coleman; vice-president, Lystra E. Gretter; secretary, Mary E. Jenks; treasurer, Josephine Thurlow. The chairmen of committees are: Program, Jane M. Pindell; credentials, Mrs. Susan Fisher Apted; nominating, Mrs. Mary S. Foy. The plan of work for the coming year will be presented and acted upon at the first session of the executive board in the fall. Mrs. Coleman, inspector of training schools, reported that thirty-five hospitals had been visited, and that those in the northern part of the State would be visited during the summer. The board of registration has issued a tentative curriculum which will be mailed to every hospital in the State, with request for careful study and criticism. Suggestions should be in the hands of the Board not later than September 1. Classes, lectures and demonstrations cover 558 hours in a three years' course. Registration has been granted to 1,544 Michigan graduates, 252 from other States, 8 non-graduates. Four examinations were held during the year for 149 applicants, 24 did not appear, 8 failed, 114 certificates were issued to Michigan nurses, 3 to outside nurses, 1 was revoked, making a total of 1,920.



Colorado

Miss L. Edna Smith, R.N., who resigned last fall as chief nurse of the Sutherland Hospital, Loveland, has returned to Loveland after a seven months' stay in Iowa, much benefited in health.

Miss Eva Feeger, a pupil nurse at the Sutherland Hospital, has been spending her vacation at her home in Nebraska.

Miss Myrna Mackley, R.N., graduate of the German Hospital, Philadelphia, Pa., has been in charge of Sutherland Hospital since December.

Mrs. A. N. Flowers, R.N., graduate of Pueblo Hospital, Class of 1902, is spending her vacation at her home in Loveland, canning raspberries and baking bread.



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Miss Genevieve Lindley, R.N., Class of 1912, Sutherland Hospital, has completed a post-graduate course in New York, and is spending her vacation with her parents in Estes Park.

Miss Gertrude Potts, R.N., graduate of Sutherland Hospital, Class of 1908, and post-graduate of the California Hospital, Los Angeles, has returned to Colorado from Florida, where she spent the winter, and reports an enjoyable as well as remunerative time.

Miss Louise Blair, R.N., Class of 1910, Sutherland Hospital, is nursing in Torrington, Wyo.



Canada

The eighth annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses was held in Halifax, Nova Scotia, on July 8 and 9. Delegates were present from Vancouver to Newfoundland. The election of officers for the coming year resulted as follows: President, Miss Helen Randal, superintendent of nurses, Vancouver Hospital; first vice-president, Miss V. L. Kirke, superintendent of nurses, Victoria Hospital, Halifax, N. S.; second vice-president, Miss Stanley, superintendent of nurses, Victoria Hospital, London, Ont.; secretary, Miss Lillian C. Phillips, Montreal, Que.; treasurer, Miss Alice J. Scott, Toronto, Ont.; councillors, Miss Stewart, Guelph, Ont.; Mrs. Bridgeman, Aylmer, Ont.; Miss Young, Montreal, Que.; Miss Flaws, Toronto, Ont., and Miss Catton, Ottawa, Ont.



Personal

Miss Charlotte P. Moddie, a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, who was formerly in charge of the mechanical department of the Methodist Episcopal Hospital in Brooklyn and afterwards engaged in private practice, has again been placed in charge of this department at the Methodist Episcopal Hospital.

Mrs. E. S. McCarthy, a graduate nurse of the Friends' Hospital, Frankford, Pa., also a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, has been engaged by the Saginaw Mechano-Therapy Institute, Saginaw, Mich., conducted by the Misses Ethel and Eva Rea, both graduates of the Pennsylvania Orthopedic Institute.

Miss Hettie Reinhardt has accepted the position as assistant superintendent of the Mission Hospital, Asheville, N. C., and has assumed her

new duties. Miss Reinhardt has served as special trained nurse in various hospitals during the last few years and came to Asheville with strong recommendations.

Miss Mary Atta Gearhart, directress of nurses at the State Hospital at Fountain Springs, Pa., with Misses Bertha E. Kemerer and Maude A. Becker, of her staff, and Miss Bessie Coleman, of Ashland, left recently for the Bermuda Islands.

Miss Alice V. Newton, assistant superintendent of Sanitarium, Clifton Springs (N. Y.) Training School for Nurses, is taking a course in nursing ethics at Columbia University Summer School.

Among the nurses in the war zone are Miss Annette Fiske, Miss Mary I. Skinner and Miss Estella G. Ferguson, all of Massachusetts; Miss Minnie Goodnow, who sailed with the party, returned earlier.



Marriages

In January, 1914, at the home of the bride's parents, in Nebraska, Ethel Adams, R.N., Class of 1913, Sutherland Hospital, Loveland, Colo., to William Anderson. Mr. and Mrs. Anderson will make their home in Loveland.

On July 29, 1914, Katherine Simpson, of Philadelphia, Pa., a graduate of the Methodist Hospital Training School for Nurses, and of the Pennsylvania Orthopedic Institute of Philadelphia, to Josiah Thomas Stevenson.

Annie F. Tidy, of Boston, Mass., a graduate of the New England Baptist Hospital, Boston, and also of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., to J. N. Shields. Mr. and Mrs. Shields will reside in Brooklyn.

On July 25, 1914, Caroline M. DeBuhr, superintendent of the Lestershire (N. Y.) Hospital, to Harry Dyer, of Binghamton, N. Y.

On July 9, 1914, at Atlantic City, N. J., Mary O'Sullivan, of Newport, R. I., and Archibald McClure, of Albany, N. Y.

On July 7, 1914, at Christ Church, Easton, Pa., by Rev. Paul J. Neff, Helen Ray Kitchen, a graduate of the Nurses' School at the Medico-Chi Hospital, Philadelphia, and Dr. Earl Herbert McRae, a surgeon at the French Hospital, New York.

Feeding In Typhoid

The seat of the lesions of typhoid fever is also the seat of the organs which select, digest and assimilate food.

The inflamed intestinal tract, with its swollen glands and accompanying perversion of function, is in condition to do but little more than fight the bacterial invasion which is the prime cause of the trouble.

Digestive and assimilative processes have become weakened, as a natural consequence of the inflammatory state of the intestinal mucous membrane; body waste is taking the place of equal and compensatory replenishment of cells—emaciation naturally following.

Yet the host—the patient—must be kept alive, if possible, until the conflict is past, and his forces are reestablished. It is here that food—easily digestible, nutritious, unirritating food—is of such insistent importance. It is here that many discriminating physicians have found

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On April 8, 1914, at Toronto, Canada, Shirley Newcomb, Class of 1913, Clifton Springs (N. Y.) Training School for Nurses, to Carl Miller. Mr. and Mrs. Miller will make their home in Toronto.

On May 9, 1914, Suzanne Warner, Class of 1910, Clifton Springs (N. Y.) Training School for Nurses, to Bernhardt J. Passet. Mr. and Mrs. Passet will make their home at Hasbrouck Heights, N. J.

On June 3, 1914, at Edmonton, Canada, Meda King, Class of 1913, Clifton Springs (N. Y.) Training School for Nurses, to Hugh F. Sharon. Mr. and Mrs. Sharon will make their home in Edmonton.

At Hampton Court, Winnipeg, Canada, Alice Miniota Stidston, Class of 1910, Clifton Springs, (N. Y.) Training School for Nurses, to David Allen Maguire.

Mr. and Mrs. Alex. M. Dalglish announce the marriage of their daughter, Arleen, to James Gillett, of Canandaigua, N. Y.

On July 2, 1914, Anna George, Class of 1913, Jewish Hospital of St. Louis, to Alexander Hosch.

On June 18, 1914, at Pittsburgh, Pa., Anne D. Van Kirk, graduate of the Presbyterian Hospital, New York, and former superintendent of nurses at Mt. Sinai Hospital, to William K. Gillett.

Recently, Ida Jackowitz, class of 1911, Grace Hospital, New Haven, Conn., to Harold Davis. Mr. and Mrs. Davis will make their home at Three Rivers, Mass.



Births

On July 4, 1914, at Montclair, N. J., to Mr. and Mrs. Lou Fischer, a daughter. Mrs. Fischer was formerly Alice Costello, graduate of Mountinside Hospital, Montclair, Class of 1912.

In November, at Loveland, Colo., to Mr. and Mrs. Alfred Wild, a daughter. Mrs. Wild is a graduate of the Sutherland Hospital, Loveland.

On July 19, 1914, at Clifton Springs, N. Y., to Mr. and Mrs. Clarence Baily, twin daughters. Mrs. Baily is a graduate of the Clifton Springs Sanitarium Training School, Class of 1907.

On May 25, 1914, to Mr. and Mrs. Harry M. Shoemaker, a daughter. Mrs. Shoemaker was Bertha Cline, Class of 1906, Presbyterian Hospital, Philadelphia, Pa.

On June 7, at Coatesville, Pa., to Dr. and Mrs. C. H. Stone, a daughter. Mrs. Stone was Elizabeth C. Hoopes, Class of 1908, Howard Hospital, Philadelphia.

At New Haven, Conn., to Mr. and Mrs. Coleman, a son. Mrs. Coleman (Alice Bronson Coleman) is a graduate of Grace Hospital, New Haven, Class of 1908.



Deaths

On July 24, 1914, at St. Francis Hospital, Wichita, Kan., Sister Corona. While leaning from a window at the hospital Sister Corona became dizzy and fell three stories, sustaining injuries which caused her death. She was superintendent of the drug room.

On July 4, 1914, Miss Ollie Dick, a much esteemed trained nurse of Huntingdon, Pa., was drowned in the Juniata River, near Mapleton. Miss Dick was a strong swimmer, but was seized with cramps. George Ricker, who went to her rescue, was also drowned.

On July 7, 1914, at Londonderry, Ireland, Isabel Quigley, a graduate of the State Hospital, Utica, N. Y. Death was due to a sunstroke.

On July 7, 1914, at St. Mary's Hospital, Passaic, N. J., Henrietta Desmet, of pneumonia. Miss Desmet was a member of the graduating class, but was too ill to attend the exercises.

On July 21, 1914, at her home in Middletown, N. Y., Florence Cordelia, wife of Henry R. Gemmill. Before her marriage Mrs. Gemmill was Miss Wood, a nurse of the Mt. Sinai Hospital, New York City.

On July 20, 1914, at the City Hospital, Atlantic City, N. J., Grace Babcock, a student nurse. Miss Babcock swallowed a poison tablet, mistaking it for headache medicine, and died despite the heroic efforts of physicians to save her.

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Book Reviews

The Occupational Diseases—Their Causation, Symptoms, Treatment and Prevention. By W. Gilman Thompson, M.D., Professor of Medicine, Cornell University Medical College in New York City; Visiting Physician to Bellevue Hospital. 724 pages and 118 illustrations. Price \$6.00 net. D. Appleton & Co.

This work which is the first of its kind to be published in this country, is designed primarily for physicians interested in the subject of the occupational diseases of modern life, and also as a guide for students of social economics, social service workers, insurance actuaries and those whose special interests deal with problems of labor legislation or with workers in the chemical, textile and many other manufactures or trades in which the health of the workman is closely related to problems of efficiency and humanitarian effort.

In order to give our readers some adequate idea of the scope of this admirable work, we present the following liberal abstract from the introduction, as follows: "It has come to pass that in complex modern civilization the evolution of new machinery and apparatus, new varieties of food and drink, new occupations and habits of life—in a word, of the entire social environment—has been accompanied by the employment of new poisons in the mechanical arts, new poisons of inhalation, new uses for the muscles, new strains of the nerves and new stresses of the mind. Many of these factors operate most insidiously, others more acutely, but sooner or later tend to injure the structure of the body or alter its activities in a manner to produce what fairly may be regarded as definite occupational diseases, or disorders, many of which effect longevity and mortality in very striking degree.

"Almost all these diseases of occupation are preventable, and this aspect of the subject is one which in some phase or another concerns the whole community, for it presents a legislative aspect, a practical business side and a humanitarian interest. Legislators should concern themselves with restrictive legislation; manufacturers with practical efforts to preserve the health of their employees; experts in hygiene should devise

means for prevention or relief, and physicians and social workers should cooperate in obtaining much-needed data on which to base a rational policy of prevention.

"It is quite true that many processes of manufacture will always involve risk to health, as many trades necessarily involve risk to limb or life. One cannot handle white lead without risk of disease, just as one cannot use dynamite without risk of injury. Yet, in each case, the workman has the right of warning against the hazard, the right of such protection as modern scientific knowledge affords, and should have the right of compensation when disabled as a result of the lack of such warning and protection. It is easy to estimate the result of bodily injury or award a fixed rate of compensation for the loss of a life, but it is far more difficult to estimate the insidious and progressive effects of occupational disease, and the resulting loss of time, or the suffering and misery, not only of the workman but of his family, which such disease entails. On the other hand, it is easy to exaggerate the hazards of particular industries, some of which are very serious, but very infrequent, whereas others are not very serious but very frequent."

These are the problems upon which it is the aim of this book to throw light. The writer, in the course of many years' connection with the visiting staffs of the New York, Presbyterian and Bellevue hospitals, and with the Cornell University Medical College Dispensary, has had exceptional opportunities for practise among occupational diseases, and is well qualified to undertake the presentation of the subject from the viewpoint of an American authority.



Acknowledged

Health Through Diet. By Kenneth G. Haig. Price \$1.25.

The Source, Chemistry and Use of Food Products. By E. H. S. Bailey, Ph.D. Price \$1.60.

General Nursing. By Eva G. E. Luckes. Price \$1.75.

These will be reviewed in next issue.

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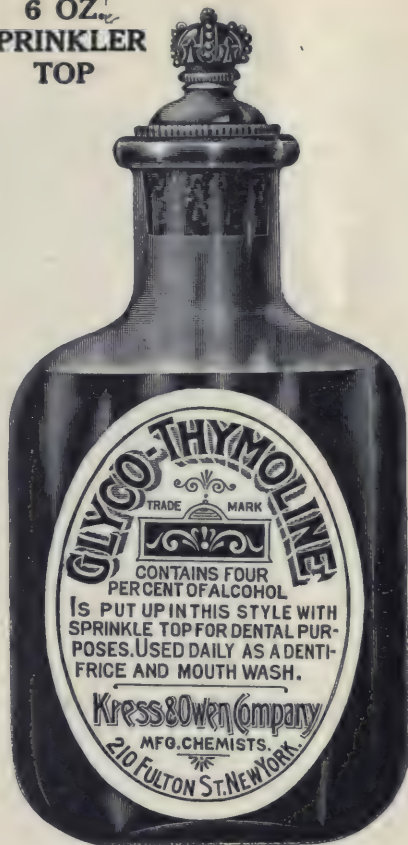
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Have you tried keeping patients cool by giving them a cold cream bath? If not, try it now. Send for free sample tube of Daggett & Ramsdell's Perfect Cold Cream, Dept. 2, D. & R. Building, New York City. If you use this once you will continue to use it always.



Feeding of Babies in Hot Weather

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Table of Contents

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	PAGE
THE RELATION OF WORK TO SOCIAL SERVICE..... <i>Mary Irving Husted</i>	193
A GLANCE AT SOME GERMAN HOSPITALS..... <i>Minnie Goodnow, R.N.</i>	197
NURSING IN DISEASES OF THE HEART..... <i>Minnie Genevieve Morse</i>	200
BEDSIDE TEACHING..... <i>Amy A. Armour, R.N.</i>	204
THE NURSING OF CHILDREN..... <i>Zula Pasley, R.N.</i>	207
THE "MURPHY DRIP" TREATMENT..... <i>Cecil Charles</i>	211
STORY-TELLING AN ACCOMPLISHMENT FOR NURSES..... <i>Carrie Barnes</i>	214
BABY'S BATH.....	217
COOLING BEVERAGES.....	218
DEPARTMENT OF PUBLIC WELFARE.....	219
GLEANINGS.....	221
EDITORIALLY SPEAKING.....	223
THE HOSPITAL REVIEW.....	227
THE EDITOR'S LETTER-BOX.....	232
IN THE NURSING WORLD.....	235
STATE EXAMINATION QUESTIONS (MONTANA).....	242
BOOK REVIEWS.....	250
NEW REMEDIES AND APPLIANCES.....	252
PUBLISHER'S DESK.....	256

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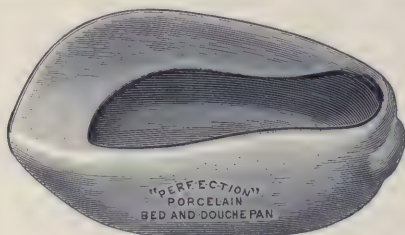
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The Trained Nurse and Hospital Review

VOL. LIII.

NEW YORK, OCTOBER, 1914

No. 4

The Relation of Work to Social Service*

MARY IRVING HUSTED

Director of the Industrial Department, Clifton Springs
Sanitarium, Clifton Springs, N. Y.

OF WHAT value is industrial work to the individual patient?

A woman suffering from chronic arthritis after weaving for two hours each day, during three weeks, finds the stiffness of her joints lessened.

A man who is depressed as the result of mental overstrain becomes interested in carpentry and in physical effort finds mental relief.

A woman who is nervously overwrought regains self-control through the power of concentration acquired by doing leather carving.

A woman suffering from traumatic neurosis regains her power of *doing things* through assisting in simple craft work.

Such cases are typical cases in our industrial department, where the possibilities of individual helpfulness are being sincerely studied. It is true that to the superficial observer these pupils at work on a variety of crafts seem simply amusing themselves, for there are as many well people as sick people in these rooms, and the atmosphere is one of good cheer; but the teacher who knows the physical condition of each *patient* is doing her best work not in the cultivation of good technic, but in helping that patient through

the careful use of manual work to overcome some handicap or to regain mental poise.

"The world is primarily a working world. From the insects to the angels, creation hums with work, and through work fits us for play."[†]

The child who is considered too delicate for study plays his way into a manhood of helplessness, undisciplined and unfitted to take his place in the world. The son of a millionaire may drive his four-in-hand, but when his three-score and ten years are told off (if he has the stamina for three-score and ten), what record that is worth while is left behind? How has this earth benefited by his personality? We read the first pages in the biographies of great men and great women, and in the light of what they became we see the factors in their lives which developed possibilities of usefulness—Inheritance. And hand in hand with the gift of a past we find the gift of a present, the necessity of earning a living; the gift of that tremendous energy, *work*, demanding concentration, knowledge, self-sacrifice, opening the doors of usefulness and of insight into the meaning of life.

The thinking father and mother in this twentieth century do not leave their sick

*Reprinted from *The Clifton Medical Bulletin*.

[†]Richard C. Cabot, M. D., "What Men Live By," Houghton Mifflin Company. 1914.

child to play with a nurse through all the hours of the day, but teach him to use wisely whatever strength of body and of mind is his and by the using help him to develop physically and mentally. The rich father is begging to send his blasé son to Labrador to meet life on a primitive footing under the leadership and guidance of Dr. Grenfell. Work is fundamental in development. He who studies the history of education notes how the pendulum has swung back and forth between methods where the boy is forced to buckle down to a working out of his own problems, often undoubtedly too narrow in their scope, to methods where the boy leans back in idle contemplation of the ardent efforts of his teacher to do the work needed by his own brain, efforts meant to inspire interest in the subject in hand, but by this very method robbed of the expectancy of self-discovery and of the value of mental training.

We are beginning to get the results of so-called "modern education." What do we onlookers see? Much of buoyancy and of the individual in personality which we all want, but is there not something missing, a need which is bound to be felt as this young army takes its place in the ranks of those fighting life's battles? A lack which is already accounting for the fact that many a young person is proving unequal to the demand of his or her life. A short time ago a man said to me: "I can find plenty of young people, wide awake and interested, to help me in my work, but I can find few who are capable of doing work *accurately*, who seem able to follow directions exactly as they are given." A prominent physician, a nerve specialist, said to me recently: "I am going to take my children out of the school they are in and put them where they will be taught to *work*. I don't care if they study only the 'Three R's.'"

It is for others, specialists in the study of child education, to face these questions and to evolve methods which shall develop the

personality of each child, at the same time teaching him self-control and such power of concentration and accuracy of thought that he may be counted on in later years to meet the exacting demands of life in a world which is governed by law and order.

My own opportunity of helpfulness lies not with those looking forward to life's battle, but with those who have already been on the field, who have tested their spurs and found the metal untrustworthy. Many have won frequent victories, then have fallen. Some have never been beyond the rear of the army, but were full of enthusiasm and they have been laid low. It is for us who are working with the physician to study that we may understand each of these comrades; to face the all-important question, Why has he proved unequal to the demands of his individual life? And with the skill and scientific care of his physician to count on for the patient's physical relief, to strive to work with that physician in rebuilding lost poise and efficiency.

To repeat: The first question we must ask ourselves is, Why has this man or woman given out in life's battle? The second question, How may we help this person back into the fight equal to the strain, mentally keen for the struggle?

The rapidity with which during the past ten years sanitariums and hospitals in many parts of the world have come to include industrial departments in their equipment bears sufficient testimony to a recognition of the value of handwork for patients. The nature of the industries naturally varies with the special needs of the different institutions. In hospitals for the insane we find chiefly weaving, coarse basket making, chair caning, and sometimes lace making—industries in which the worker may follow simple directions and be fairly sure of good results with slight expenditure of nervous energy. The deft fingers of the blind are doing finer and more elaborate weaving. Cripples are learning that there are forms of handwork in

which they may excel and by means of which they may earn an honest livelihood. At Sharon, Conn., the experiment of a cement industry for cardiac cases is being tried out. And in hundreds of places the "nerve patient" is being helped back to a normal condition through indoor and outdoor industries.

Here at Clifton Springs we have a peculiarly broad and interesting field for work. Our industrial department has just completed the first year of its history. A year in which we have been studying possibilities with an almost bewildering result, so many are the doors of usefulness which might be opened. Other institutions are dealing with single problems: those of a hospital, of a sanitarium, of a special type of patient, etc. Here we are dealing with a complex problem, for Clifton Springs Sanitarium is itself complex. One patient tells me she has found it a hospital and its surgical department has meant the possibility of a lengthened life; another that it has proved a "rest cure" in which slowly-exhausted nerves have grown strong; a third that the spirit of the place has brought peace, and others that they have learned how to live and are going back to old duties with fresh enthusiasm.

The unusual combination of patient and well person gives the Clifton Springs Sanitarium a unique character and creates broad possibilities of usefulness. In our industrial rooms it is difficult to remember who is a patient and who is the father, mother, sister, brother or friend of a patient. A young girl convalescing from an operation quietly carves leather in a window corner during the early afternoon hour when the room is not crowded. A man in the opposite corner is making his own design for a leather case. He tells me later that this design has been his needed proof of recovered nervous strength, for it was work demanding close concentration that caused his condition of nervous exhaustion. Later the room is filled with people who are staying in the sani-

tarium in order to be near invalids whom they have brought here for treatment. At such times it is interesting to watch the conversation as it drifts from literature to travel or to a discussion of new possibilities for some of our crafts. It is an atmosphere of health, and the patient forgets his especial "Achilles heel" in wider interests.

We have stumbled upon a simple way of making what we call "water color designs" from cretonnes. The technic is so simple that a beginner can easily follow those designs already worked out, and after a little experimenting can create similar ones, combining her own choice of colors. This method of weaving designs in rugs has proved a fortunate discovery, partly because many of our pupils are too ill to make the more exacting "embroidery" or "overlaid" designs of many modern rugs, or are spending so brief a time at the sanitarium that they cannot undertake finer linen or silk weaving, such as we offer more advanced pupils. Here at one loom a patient of the sanitarium is weaving rugs for her own home; at the next loom a woman is doing this work in order to help reduce her weight, while at a small hand loom a patient who is unable to use her feet is weaving a finer texture.

Bed patients and wheel-chair patients weave tapestry baskets. This, the least of our crafts, is the one which most frequently brings far-reaching results. These special pupils are usually patients who are spending several weeks, often months, in the sanitarium. Many are post-operative cases; some are nerve cases, and some are having protracted corrective treatment. While this simple craft may meet the need as a new, diverting occupation, it at the same time meets a greater need in the bringing to the *bed patient* an acquaintance who comes daily at an appointed time with a legitimate reason. There is no feeling on the patient's part that she is "being done good to," for this visitor comes simply as a teacher.

Sometimes the relation remains merely that of teacher and pupil, but more often I find proof as I look back over the history of these cases that an acquaintanceship has grown into a friendship. It is from letters which come to us from such patients after they have left the sanitarium that we learn most of our failures and of our successes in comradeship.

We are all "children of a larger growth" and, after all, re-education is simply child training in a new form. Must we not meet each patient as an individual and with a thoughtful consideration of the developing forces of life, in order that we may lead her to an understanding of herself and the equipping of herself for taking up life afresh? As people talk with me of past experiences and look forward into the years to come I find that I ask myself certain questions which may be classified in some such form as this:

I. THE PATIENT'S PAST.

1. Why did she choose her special vocation?
 - A. Inclination?
 - B. Force of circumstances?
2. Why did she prove unequal to this work?
 - A. Did the strain come from the nature of the work itself?
 - B. Did the strain come from outside causes?
 - a. Hygienic conditions?
 - b. Environment?
 - c. Outside demands upon her strength?
 - C. Was the patient fitted for this special vocation?
 - a. Lack of training?
 - b. Temperament?

II. THE PATIENT'S PRESENT (DURING ILLNESS).

1. Antipathy to old work.
 - A. Because unsuited to this vocation?
 - B. Because the actual conditions are exaggerated in the patient's mind through memory of the effort necessary to carry on that work when physically unequal to the task?
2. A realization of the fact that the former reasons for choosing this work may again make it necessary.
3. A dread of the old struggle.

III. THE PATIENT'S PRESENT (DURING CONVALESCENCE).

1. The return of a vague interest in life.
2. A wish to consider the future.
 - A. (First) The desire to try a new field, feeling that anything new will be more possible than the old work.
 - (Second) With increased strength comes the natural facing of personal responsi-

bilities and the question as to what extent they should be considered.

(Third) With the nearer approach of normal health comes the power of judging more fairly one's relation to life.

a. Governing influences.

1. Natural fitness.

2. Training.

3. Experience.

b. The relation of one's life to other lives.

c. Probable future physical condition.

B. In more advanced convalescence comes a return of interest in old problems, combined with a realization of the value of experience in future usefulness.

C. Choice between returning to the old mode of life or taking up an entirely new life work.

a. How best to meet the old obligation.

b. Re-education in the sense of technically fitting oneself for a new career.

In many institutions where industrial work has been introduced, the patients belong to the laborious classes. The sick people and the well people who work together in our industrial rooms belong rather to the professional classes. These men and women are not interested in crude forms of work. The industries we offer them must be artistic, and it is frequently their own imagination and originality which inspire new creative efforts. To a limited extent we can give these people interesting occupation; we can guard them from working too strenuously and so often ward off discouragement, but it is to the special physician of each individual patient we must turn for needed information regarding that patient's physical condition. "Physician and social worker must do *team work* if they are to succeed."* Without a diagnosis of each case the industrial teacher is in constant danger of doing harm rather than good. Work which one person may attempt without the slightest danger may be too exacting for the eyes of another. The weak points of each patient must be carefully kept in mind and often the physician is the only competent judge of just the amount of work it is safe for a patient to attempt.

*Richard C. Cabot, M.D., "Social Service and the Art of Healing."

A Glance at Some German Hospitals

MINNIE GOODNOW, R.N.

THE most vivid impression made upon an American by the hospitals of Germany is that of completeness. They have set out to do a certain definite thing, and they have done it and finished it. Their institutions are therefore a marked contrast to ours, where we are always "going to," "hoping to," and are never quite there.

Germany makes experiments, to be sure, with hospitals as with other things. She changes her theories and modes of procedure, and works out utterly new ideas, but she always has a definite thing in view and completes that before she begins something else.

The German hospitals have operating and surgical departments quite as elaborate as our own, but they also devote a great deal of space to the treatment of medical cases, to chronic troubles, to contagious cases, etc. Their hospitals usually have *all* departments fully developed.

Most of the hospitals, being Government institutions, are large, 600 beds being considered small, and 1,000 to 1,500 being more common. There is a tendency, however, to lessen their size. A dozen years ago they were building great institutions like the Virchow at Berlin, with 3,000 beds, and the Eppendorf at Hamburg, with 2,000. The more recent buildings, those finished within a year or two, such as the Neukoln at Berlin, the Schwabing at Munich, and the Barmbeck at Hamburg, have no more than 1,000 beds.

There is also a tendency to make smaller buildings and wards. Most of the German hospitals are built in the pavilion style, and in the newer ones hardly any are more than two stories in height. The larger wards have no more than sixteen to twenty beds. Schachner, the hospital architect of Munich,

believes that twelve beds in a ward should be the maximum number and that most wards should contain fewer than that. In this, I think, most nurses will agree with him. In his newest buildings at the Munich-Schwabing Hospital, each floor of a pavilion has two twelve-bed wards, one six-bed, four three-bed and four single rooms. This arrangement makes it possible to classify patients in a very satisfactory manner, both for the convenience of the doctors and for the actual nursing care.

The operating rooms in all the German hospitals have most of the latest and best devices for doing work. They are developing with the modern trend toward simplicity, and even though labor is cheap there, they believe in labor-saving devices. For example, at the Neukoln in Berlin sterile water, both hot and cold, is piped directly into each operating room; the instrument sterilizer is set under a laboratory fume-hood, which takes care of the troublesome steam, and is placed in the wall between the operating room and the sterilizing room so that it may be reached from either side.

At the Munich-Schwabing, patients recover from their anesthetics in the operating department. For this purpose there have been provided not only recovery rooms but also an open-air terrace, out of sight of other buildings, where fresh air and sunshine assist in a rapid elimination of the anesthetic.

Germany is certainly ahead of us in her treatment of chronic cases, and, indeed, of all medical cases. In practically every hospital the medical department is fully as large as the surgical, and there is every facility for treating these cases. Their extensive laboratories, great bath houses, gymnasia, mechano-therapy rooms, etc., all indicate



FOUR-BED WARD IN MUNICH-SCHWABING HOSPITAL

the importance which they attach to this part of the work.

In the Munich-Schwabing there were three patients comfortably ensconced in the permanent baths, which are much used for skin diseases, burns, etc. The tubs were covered, the patients supported in a canvas hammock, and they were occupied with reading, writing, etc., just as convalescents in bed might be. Other patients were serenely soaking in pine baths, brine baths, having Italian earth poultices applied, and indulging in all sorts of treatments quite unheard-of in America. An elderly woman sat reading in a pneumatic chamber which was giving her the rarefied air she could not have got except by a long and expensive trip to the high mountains.

The nurses' homes, even some of the older ones, quite come up to our ideas of comfort. Single rooms are provided almost exclu-

sively, and there are ample and even elegant reception rooms, music rooms, libraries and dining rooms.

The hospital kitchens do your soul good. They are big and light and airy, and they are made to be clean. They even have color schemes. The one at the Barmbeck Hospital at Hamburg has floors and walls of white tile, with a high wainscot of pale green tile and most of the furnishing in pale green. In others the whole room is white.

And the equipment! Fancy a kitchen without a black thing in it! The big kettles are white enamel, like our bath tubs, with nickel trimmings. The ovens are the same. The ranges (usually gas) have white enamel bodies and polished steel tops, polished until they are almost as bright as nickel. (Rhode Island General Hospital at Providence and the Peter Bent Brigham at Boston keep their kitchen work tables, which are of steel,

looking the same way.) There are big coffee urns, set low so that the ward pots may be filled without lifting. There are all sizes of tilting kettles with steam jackets, placed so that the contents may be poured out with the least trouble; these are for cereals, special soups, stews, boiled custards, etc.

Then the gardens! The Germans believe in out-of-doors, though their winters are long and cold, like our own. Their grounds are both beautiful and accessible. They use balconies and porches and beautify them with vines and flowers; but they also get

their patients out on the good green earth. The gardens are planned along with the buildings, and the architects do not disdain to design simple but charming fountains in shady nooks and seats in comfortable corners.

All these pleasant and useful things are not necessarily expensive. They are often a question of brains rather than money. They involve making a complete scheme and grouping details in their correct position. The German thinks that it is as easy to do a thing right as wrong if only he has a comprehensive plan before he starts.



A GERMAN HOSPITAL KITCHEN; WHITE ENAMEL RANGES, OVENS AND KETTLES

Nursing in Diseases of the Heart

MINNIE GENEVIEVE MORSE

VII—DIET

WHILE it is difficult, if not impossible, to lay down definite rules for diet in the various affections of the heart, there are few forms of disease, aside from those of the alimentary tract itself, in which the question of diet is such an important one, since the processes of digestion, absorption, and elimination have the closest possible relation to the quality of the blood and its free circulation in the body. When the driving power of the heart becomes weak, either from lack of muscular tone in its walls, from the inefficient working of the valves which control its action, or from increased resistance to the flow of blood resulting from decreased elasticity of the arterial walls, or from congestion in some organ or organs, the patient's diet as regards both its quantity and its quality will have a very strong influence upon his condition. One reason for this is that the volume of blood which the heart must propel becomes greater or less according to the amount of nutriment which has been absorbed from the alimentary tract, and where there is cardiac weakness an excessive volume of blood puts a serious strain on the heart action. As the disproportion between the driving power of the heart and the volume of blood which must be forced through the circulation becomes greater, there is increasing danger of the leakage of serum through the walls of the blood vessels producing a dropsical condition. A weakened heart also embarrasses both the absorption of food and the elimination of waste products, for the rapidity and the efficiency with which these processes are carried on depends upon an active circulation. Further, the heart and the stomach

are separated only by the diaphragm, and when the stomach is overfilled, or becomes distended by gas as the result of the ingestion of improper food, it may press upward upon the heart, producing various unpleasant symptoms, interfering with proper action, or even, in cases where grave cardiac weakness exists, causing the organ to stop entirely. Many cases of heart failure have occurred at or after elaborate dinners. Moreover, kidney disease is a very frequent accompaniment of heart disorders, especially in their later stages, and in such cases a proper diet is one of the most important measures. Constipation, too, is very common in cardiac affections, and may be considerably influenced by the diet.

In serious cases of heart disease, the diet is usually prescribed by the physician with a good deal of detail, but both here and where more latitude is allowed the patient much of the responsibility must fall upon the nurse. The proper preparation and attractive service of the patient's meals, the quantity of food and the hours at which it is to be given, call for the same careful attention that is needed for other details of the case; and the skilful varying of a restricted diet, so as to make it acceptable to the invalid, may demand much thought and ingenuity. Individual likes and dislikes and personal idiosyncrasies have to be taken into consideration; and the thoughtful nurse will also consider the financial status of the household and as far as possible avoid waste and unnecessary expenditures.

In acute inflammatory heart affections, the patient is usually put on a milk diet, as in other febrile conditions where the diges-

tive functions are much weakened. A milk diet is also generally ordered when there is sudden extreme failure of the heart, and where acute kidney symptoms are present. Broths, eggs, and other light foods may also however, be prescribed in these conditions. As the patient improves, a very gradual return to a more normal diet must be made. It is generally held that in heart failure a considerable proportion of proteid food should be contained in the diet, for the purpose of improving nutrition generally and the nutrition of the heart muscle in particular; moreover, a diet made up largely of carbohydrates is more likely to produce flatulent distention of the digestive tract.

The dietetic treatment of the chronic cardiac disorders will depend somewhat upon the age of the patient, as well as upon the stage which his disease has reached. Children with heart disease often feel necessary restrictions in their diet very keenly, as they may have to be forbidden articles of food of which they are especially fond, and are unable to appreciate the reason for it. Sweets cannot often be allowed them, on account of their tendency to cause flatulency, and anything difficult of digestion must be forbidden because of the danger of strain to the heart. Simple food and simple methods of cooking must be the rule; but every effort should be made to have the meals as attractive as possible. While all chronic heart patients need to be fairly well nourished during the period of growth and greatest physical activity, a larger amount of food and a larger proportion of nitrogenous food is needed than later in life; and it is so difficult to induce children to eat what they do not like that their tastes should be considered as far as possible. They must be taught to eat slowly, as a too rapidly loaded stomach has much the effect of an overloaded one. The principal meal should come in the middle of the day. Tea and coffee should be absolutely forbidden.

While the amount of food eaten by many self-indulgent adult patients will be necessarily restricted, and they may be forbidden the use of certain harmful articles, violent changes in diet should as far as possible be avoided, especially in the case of the very elderly. The patient who is able to take a considerable amount of exercise will, of course, require more food than the one who is confined to his room or bed. A recent writer lays stress on the fact that while care must be taken that there be no overloading of the alimentary tract, "on the other hand, it is important that the intake be sufficient to keep up the strength and nourish the tissues. Lack of sufficient food leads to inactivity and, in time, atrophy of the digestive glands, abnormal metabolism, and a weakening or derangement of one or more of the vital organs." Leisurely eating and thorough mastication must be insisted upon, and it is generally considered that the amount of food a patient can chew properly indicates pretty fairly the amount that he requires. A mixed diet is usually found most satisfactory, both because it is more agreeable to the patient and because it best fulfils the requirements of the body. If any one meal of the day is heavier than the others, it is usually better to have it at mid-day, unless for business or other reasons the patient has less chance for leisurely eating at that time; but the wisest plan is to have all the meals of about equal size, and so distributed through the day that none of them need be heavy and that there shall be no long fasts between them. Dr. J. H. Honan says on this subject: "The demand of the tissues for nourishment is more or less constant during the fourteen or sixteen hours of mental or physical activity of the day, and it follows that should a long interval precede a heavy meal, the vessels drawn upon to supply the nutriment to the tissues, and to supply also the natural and constant secretions of the body during the interval, become very much depleted. Should the pa-

tient at this time take a heavy meal, the vessels become surcharged with an enormous mass of pabulum, causing a sudden very high blood pressure. These wide variations in blood pressure and blood volume are likely to cause serious heart mischief." In certain cases four or five meals of equal size may be ordered, or light luncheons midway between the three regular meals. Regularity in the hours for meals is very important.

A very decided restriction of the diet is usual in the case of patients who are greatly above their normal weight. Such patients may be feeble or anemic, however, and their strength must not be allowed to decline during the reducing process. Frequent small meals of highly nutritious but not fattening food are usually ordered in such cases. One well-known heart specialist prescribes for patients of this class three regular meals of about equal size, and in addition three light lunches, one in the middle of the morning, one in the middle of the afternoon, and one at bedtime. These lunches do much to prevent the constant sense of hunger complained of by many patients who are used to large and heavy meals; they consist of a glass of milk or buttermilk, usually with fifty per cent. vichy water, or a cup of broth with a few crackers. The breakfast menu includes fruit, eggs, perhaps a little bacon, a single slice of dry toast, preferably made of graham or whole wheat bread, and sometimes a cup of tea or coffee, usually without cream or sugar. The luncheon and dinner prescribed in this regimen are much alike; the patient may have meat or fish, one slice of graham or whole wheat bread or toast, or a baked potato (not both), most of the green vegetables, fruit or vegetable salads with French dressing, fresh fruit or fruit stewed without sugar, and crackers and cheese. Sweets, hot breads, thick soups, entrées, wines and malt liquors are rigidly excluded. While this sort of diet supplies the needs of the body,

all the ingenuity that can be exercised in varying it and all the taste that can be shown in serving it may be required to make it acceptable to the patient who is accustomed to "good living." When such a degree of restriction is not necessary, the prescription is often to simply cut down the proportion of fat-producing food in the menu, or the total quantity of food ingested, or both. In the former case, bread, potatoes and rice should not all be eaten at the same meal, heavy soups, "made dishes," and dishes with cream sauce should be avoided, and fresh fruit or fruit salads should largely replace other desserts. The nibbling of candy between meals should be forbidden.

A different type of restricted diet is ordered where kidney complications form the most threatening feature of the case. While a milk diet is usually prescribed when there are acute kidney symptoms, chronic patients are often allowed considerable latitude, the principal deprivation being the red meats. Even these, under certain conditions, are sometimes given in small quantities, but meat extracts, the prepared bouillon cubes, and any preparation containing the extractives of beef, with their strong tendency to irritate the kidneys, should be carefully excluded from the diet. Boiled meats are less likely to be harmful than those which are broiled or roasted, as the irritating extractives are largely removed by the cooking process. Fish, chicken, and fat bacon may be included in the more generous type of diet for these patients; a large number of vegetables, excluding, however, peas and beans, which contain a form of albumin which puts extra work on the kidneys; almost all kinds of cereal foods; fruit, both fresh and cooked; soups made from fish and certain vegetables; milk puddings, gruels, and other dishes of which milk is the base. Highly seasoned dishes and all spices and condiments should be omitted from the menu, as they are sources of irritation to the

kidneys, and even the amount of salt eaten should be small, for the same reason.

Restriction of the fluid intake is practised principally in edematous conditions, where there is already too much fluid in the system. A diet, largely salt free, may also be ordered for the reduction of dropsy. In cases where the patient is allowed but little water, it is well to remember that a small glass, entirely filled, is apt to seem more satisfying than a larger one only partly full.

Constipation is a condition very common in heart disorders, and it must be overcome in one way or another if strain on the heart is to be prevented. While drugs are usually necessary, much may be accomplished by dietetic measures. Although milk is generally constipating, buttermilk is slightly laxative. Fresh fruit, especially apples, oranges, and grapefruit, apple sauce and baked apples, stewed figs or prunes, are especially valuable articles of diet for the constipated. Fresh vegetables such as spinach and string beans are also useful. Whole wheat, and especially graham bread, is more laxative than that made from white flour, and most of the breakfast cereals are of service in planning a non-constipating diet. A generous use of olive oil in salad dressing, etc., is very useful. The astringent properties of tea make it constipating, but coffee has usually a slightly laxative effect.

Owing to its power to overstimulate, demanding undue exertion on the part of the heart, coffee is largely forbidden to cardiac patients, and functional heart troubles often disappear with its discontinuance. Where a patient feels the deprivation very keenly the use of one of the de-cafeinized coffees now on the market may be suggested by the physician. Many people learn to like a cereal coffee when once they have learned not to expect it to taste like the genuine article. If tea is allowed to a patient, it should not stand more than three or four

minutes before using, as the extraction of tannin goes on very rapidly.

Eggs, especially the whites, are a great standby in acute conditions, being easily digested and highly nutritious. They are most easily digested when raw. The whole egg may be swallowed raw like an oyster when broken into a glass, a little lemon juice being added if desired; or the white only may be given in the same manner. The various forms of eggnog are highly nourishing. Soft-boiled, poached, and coddled eggs are readily digested.

Fresh fish agree with most people, and are often especially useful in varying the diet when but little meat is allowed. Salmon and mackerel, and sometimes bluefish, may be forbidden on account of the large amount of fat which they contain. Of the shellfish, oysters alone are suitable for invalids.

Cheese is another food by which proteid can be supplied to the system when the quantity of meat is reduced. The cottage or pot cheese made from sour milk is not only nourishing, but has a distinctly favorable influence on digestion, having the same power of counteracting intestinal fermentation that makes buttermilk and sour milk such valuable foods for those with a tendency to intestinal indigestion.

Hot bread and very fresh bread are difficult of digestion, and all bread eaten by invalids should be at least a day old. Cereals should be very thoroughly cooked. Vegetables having a large indigestible residue should not be eaten in large quantities, in order to avoid distending the stomach and intestines and thus endangering the weakened heart. In the preparation of salads, lemon juice is to be preferred to vinegar. Mushrooms should have no place in an invalid's diet. Nuts are usually allowable; if they are properly masticated they are not difficult of digestion, and they are highly nutritious, being very rich in proteid.

Bedside Teaching

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OBSERVATION OF SYMPTOMS

THERE are four regular practical duties of the pupil nurse during the day's work, which lead her on the right path to observe symptoms; but she will miss many sudden changes of condition among her patients unless a supervisor, armed with thorough knowledge of charts and order books, comes frequently and unexpectedly around to swoop down with an eagle eye on some patient whose distention, pallor, or respiration, had not hitherto been noticed. The nurse must be reprimanded and taught the meaning of the symptom in combination with the tentative diagnosis, then reminded of her obligation to be eternally vigilant. She is apt to be dulled by the routine and to be dependent on it, and she will be forever spoiled as an executive or as a special private nurse if she is not whipped into a sixth sense of *feeling* that there is something wrong in the ward. A good nurse acquires a skin that is sensitive to all such things. To put it poetically, it must be cultivated with a flail. The nurse must learn to do her treatments in a double capacity, with *mind* and *hand*,—hand executing, mind out scouting all the time for strange new conditions or for improvements.

The four grooves in which the ward work runs are:

I. Admitting patients, and giving all baths and treatments where parts of the person are exposed.

II. Making rounds with the physicians, (a) house, (b) attending.

III. Taking temperatures and administering medicines.

IV. Patients' morning and evening toilet, also asking them how they have spent the night or day.

Admitting Patients and Giving Baths or Treatments.—When a probationer is being taught how to give baths and sponges, she should be given a copy of the same model

that the internes use to make out their physical examinations.

Head—wounds, deformities, hair, vermin.

Face—color, perspiration.

Neck—glands.

Chest—respirations, skin, rash, shape.

Tongue—dryness, color.

Heart—pulse, vessels lumpy and knotted, or distended.

Lungs—cough, expectorations, voice.

Abdomen—shape, markings, distention, masses, tenderness, scars.

Genitals—formation, secretions.

Extremities—deformities, scars, discolorations.

Groins—masses, sinuses.

Birthmarks, moles, and other means of identification.

Nails—texture, shape.

It is a perfectly safe guide for a Junior pupil to report on the chart as abnormal all those conditions in a patient which she herself *has not*. If she is encouraged to talk intelligently with the Senior nurses about the treatment which the patient will receive at their hands, she can then observe the effect of all the physician's orders on the symptoms she noticed. She must be praised for discovering any new symptom, especially by the attending who now depends so much, in hospitals, on the nurses' findings, especially where there is an acute day and night service in a small institution and a small overworked staff of internes.

Making Rounds with the House Doctors and Attendings.—The acme of perfection is reached when the physician finds some reference on the chart up to date with the things he himself discovers when he makes his examination. It is an easy thing to have a blood count taken for malaria when the chart shows prettily the regularity of the rise of temperature. It is simple to ask for a Wasserman when a sore mouth, brown discolorations, falling hair, and notched teeth are charted. The gratifying time for the

nurse is to hear the physician explain the relation of the symptom she noted to the disease. She may not use a reflex hammer nor palpate, nor auscultate, but when the attending does this, she couples with it the mental notes she herself has taken. We do not want to make nurses into near-doctors, but each one should feel that she must always be careful to report the symptoms to which the attending attached significance. One would be horribly ashamed not to have noticed some very obvious things like rose spots, though when seen for the first time a nurse may not be expected to remember the text-book statement that they disappear on pressure. A pupil should always be given the tentative diagnosis so that she may read it up in her text-book.

A nurse has also a municipal duty. Regularly reading the papers and knowing of all plagues, epidemics and any diseases peculiar to the locality, a nurse is armed with a good weapon to head off the things menacing the community. Gossip in itself is not good, but shop talk, divested of personal interest, is highly valuable. When we know that little Johnnie Doe has mumps and Dickie Roe has measles, it is up to us to read up these symptoms, and silently watch for them.

Taking Temperatures and Administering Medicines.—When we take temperatures we get three of the most important symptoms, but the fact that we take twelve or fifteen a day should not dull our observing powers to their bearing on the case. *Rise of temperature* means reporting to the house surgeon, cutting down the diet, change of treatment. *Rapid pulse* may mean internal hemorrhage in an abdominal or obstetrical case. *Rapid breathing* may mean incipient pneumonia. Similarly, subnormal temperature, slow respiration and slow pulse all have their significance. But while a nurse is at the bedside she must see many more things than these three "vital signs." Use your hand to guess the temperature, then

take with the thermometer to compare. Always use the thermometer at the regular hour, but if at any time in the intervals the patient feels too hot or too cold take the temperature again.

When food and medicine are given, one must watch for vigor or helplessness, appetite keen or slack, furred tongue, saliva, sordes, lustre of the eyes, color and texture of the skin, perspiration, and muscular movement.

Morning and Evening Toilet.—The general preparation for the day or night should be accompanied by a general inspection of the whole body, noting carefully also the mental picture, the result of the night's rest, or the day's visiting, and the effect of treatments, in order to show recovery. Here again the body temperature by touch must be mentioned, since it is a point on which a relative or a practical nurse sometimes has a "trained nurse" beaten a mile.

Study of Special Symptoms.—By observing a symptom, then the effect of treatment and medication, then coupling these two, the nurse can learn to anticipate a physician's wishes. This anticipation is akin to the quality called by some "presence of mind," but, at any rate, the quick service saves the patient's life, for example, in having the articles ready for a hot pack, or dry cupping, rushing oxygen to a patient getting cyanosed and giving it the moment ordered. The best axiom is "Learn to do by knowing and to know by doing." Every time a patient shows unusual symptoms, the pupils to whom these symptoms are new should be sent for, singly, and let each peep behind the screen, to see without exciting the patient. Pupils should save up all kinds of questions for class, or to ask when the supervisor comes around.

Symptoms	Treatment	Result
Cyanosis	fresh air and oxygen	good color
Dyspnea	air, elevate the shoulders	calm breathing
Rapid, weak, } thready pulse }	shock blocks, stimulation	pulse controlled

If each pupil reports her findings to her

head nurse and all head nurses report to one another, the pupils can be called hither and thither to see everything. This lends vivacity to their work and takes only a few moments. The enthusiastic supervisor may suggest to the attending on what points to make comment for the benefit of as many pupils as may accompany him on rounds, or to the interne when he makes the physical examination, when a Junior nurse is invariably present.

We must encourage nurses to look for unique symptoms, but at the same time they must never neglect the common daily features of every-day disease which may cause the patients much more discomfort than the unique symptoms. Reporting these unusual and usual symptoms to "one higher up" relieves the nurse of undue anxiety. By keeping her eyes and ears open to see how much importance is attached to these things by the internes and supervisors, the inexperienced one learns in due time to apportion them at their true value. In all the nurse's handling of the patients, a knowledge of the diagnosis produces much more efficiency. Needless questions are not asked; more care is applied to the menaced area, but we must never let simple things like diarrhea or constipation escape our notice, while observing unequal dilatation of the pupils or Cheyne-Stokes respirations.

Records of urine, vomitus, and lochia are essentially in the nurse's province, and to give a woman a bed pan properly is more important than most of the other things she must do. Therefore, valuable data, like distention, burning on urination, pain, leucorrhea, odors, mucus, blood clots, etc.,—all must be closely observed and recorded.

The Supervisor.—The supervisor sees the cases on admission and gets the first diag-

nosis, then acquaints the nurses with it later, in their senior year, perhaps quizzing them till they can make a diagnosis, not for the sake of prescribing, but so as to avoid pressure on a typhoid abdomen, for example. She catalogues all the cases in her mind, with a complete list of all possible symptoms, and shows the obvious things to the new nurses, telling the older ones to *watch for unique features*. When a patient is admitted for malaria or typhoid, and after five days, an ischio-rectal abscess with over a pint of pus, bursts through the *skin*, is it not strange that no indication of that cause for his temperature was noticed?

In taking up the chapter of the latest text-book on practical nursing where symptoms are well handled, this should be applied to cases actually on the wards—each pupil telling what she has seen in her own patient, say, convulsions from meningitis, intestinal disturbance, eclampsia, or strychnia poisoning, whether the motions were tonic or clonic, what other symptoms accompanied them. The study of living patients helps them to differentiate.

One word of warning about the pulse. (By the way, do not let the nurses say "*pulse are*.") Constant verification is necessary with a new nurse about pulse counting *for many weeks*, and for *many kinds of cases*. We have not a whole lot of faith in the mathematical precision of most women, and in a vital matter like the pulse one must put conscience and mathematics into the balance.

It is impossible to keep after the pupils all the time, but a timely, well-planted lesson on an elusive case, and a correction of a glaring mistake in a chart will go far to keeping them in line, and make for greater efficiency in our work of saving lives.

The Nursing of Children

ZULA PASLEY, R.N.

CHAPTER XII

CLOTHING—TEACHING

CLOTHING may make or mar a child's comfort quite as much as it does a grown person's. Scientists have recognized the fact that a man does not do his best work unless he is properly and comfortably clothed, and that discomfort in clothing, even if unrecognized by the wearer, may produce nerve strain and cause a very definite waste of vital force.

There are principles underlying proper clothing of children quite as important and quite as definite as those governing their feeding. One needs, also, a certain amount of common sense exercised in the matter and enough imagination to realize how one might feel oneself under similar circumstances. Children are like grown people in some respects, in others radically different, and this must be taken account of in clothing them.

Children are very active when awake and very quiet when asleep. Their circulation is usually good and their skin action vigorous. They therefore perspire easily and chill readily. For this reason, the exact amount of clothing which they have on is more important than it is for a grown person. Too much or too little are more serious matters than with adults. Their heat radiation is rapid, but they become overheated somewhat more readily than adults do.

The first and most important principle is to *clothe all portions of the body evenly*. No doubt most of the errors in clothing are due to neglect of this principle. It is very common to see children clothed so heavily in one part of the body as to cause almost constant perspiration and consequent chilling,

while another part is left exposed. Some of the ideas about "hardening" children have rather disastrous results. Imagine yourself dressed after the fashion of the average child, your chest and arms loaded with wraps hot and cumbersome, while your legs were exposed nearly to the knee or clad in but one thickness or, rather, thinness of material. With little girls, the cold air usually has access halfway up the thigh.

The chest and abdomen, since they contain the vital organs, should doubtless be the best protected parts of the body, but one additional thickness is all that is needed for them. This is usually supplied by the shirt. Outside that, clothe the entire body evenly with as many layers as the temperature demands. The entire body should mean up to the neck and to below the elbows and knees in warm weather; in cold weather, a few inches further in each locality.

At the Massachusetts General Hospital, in the children's department of the outpatient clinic, there is hung a sign for the mothers: "Dress your baby according to the weather, not according to the season." It is well, also, to remember that in city life and in school the room temperature is that of summer heat. Children in steam-heated, closed-up rooms should, therefore, be clothed rather thinly, but should be supplied with abundant long wraps when they go out into the cold. Country houses, the homes of the poor, or outdoor schools, are quite another matter. Some allowance should also be made for the fact that children will run out of doors without stopping for wraps; but in this connection one may save themselves

some worry if one remembers that children are apt to indulge in violent exercise when out-of-doors, and suffer much less than an adult would under similar circumstances.

There is considerable discussion among the authorities as to what material is most suitable for the underwear of small children. The advocates of wool seem to be in the minority, for while wool is a non-conductor, it does not absorb perspiration well, and is irritating and uncomfortable to a sensitive skin. It is unobjectionable if the person wearing it finds it comfortable, but has no special advantages. Cotton is a good conductor of heat and cold, absorbs perspiration, but allows the body to cool rapidly. Linen cloth is even more objectionable than cotton. Linen mesh is, however, a non-conductor, absorbent and unirritating, and seems to be ideal for both summer and winter. Silk has similar properties, but is expensive.

Remember that an air space in clothing, as well as in buildings or refrigerators, stops the passage of either heat or cold. For this reason, several layers of thin garments are warmer than a few layers of thick ones. In summer, however, the cooling action of the perspiration must be taken into account and clothing furnished which will afford free circulation of air to the body.

The baby's first wardrobe has already been discussed. A small baby, living at a summer temperature most of the time, is likely to be too warmly clad. When taken out, very few persons remember to protect a baby's neck from drafts. They also forget that the eyes should be shaded from bright light; if a bonnet is worn, a parasol or cover to the baby cab must be provided. An older child may have a cap with a visor. Bear in mind that a young baby lies down and is therefore more exposed to direct light than one who is old enough to sit up. Neglect to shade a baby's eyes from glare of light is said to be responsible for some eye troubles.

The first shoes should be soft, preferably of chamois or some of the leathers which can be bought by the piece and made up at home. When the child begins to walk, a stiff-soled shoe should be provided, but it should be large and loose. Orthopedists do not agree with the popular notion that loose shoes are injurious. It is also becoming less common to insist upon shoes which "support the ankle," the modern idea being to give the ankle free play and make it strong, so that it will not need support. All orthopedists agree that high heels are bad, and that heels of any height are unnecessary, to say the least. Going barefoot is not advisable, as serious infection may be gotten in this way. Sandals protect the feet from injury pretty well and are usually comfortable for the child. There is, of course, no objection to letting a child go without shoes or stockings indoors, where there are smooth floors and soft rugs.

To be explicit—a young baby may wear indoors in hot weather only a light band and a thin napkin. In cool weather a shirt, a petticoat which covers the legs, and a slip. Out of doors, a long coat which comes close around the neck or, better, one which has a hood attached. The eyes should be shaded.

Little children who wear short clothes should wear closed bloomers reaching below the knee, and under-drawers to the ankle in cool weather. Coats should be as long as the child can get about in. In hot weather a shirt, drawers and a dress are sufficient. In very cold weather, the neck and ears may need protection when the child goes out. Little girls are more comfortable and more modest in knickerbockers than in petticoats, and most children prefer them. They may be used until the girl puts on long dresses.

The simplest and easiest rule for modifying a child's clothing to suit climate or weather is: If less is needed, remove a whole layer; if more, add a whole layer.

The nurse who has the care of children will find that a knowledge of teaching methods is not only advisable, but almost a necessity for her. Mere amusement for the sake of amusement soon bores the child, as well as the one who is attempting it, while things with a real value and a permanent interest are more eagerly received and satisfy for a longer period. The real things mean the acquiring of knowledge or of information, or the development of mental qualities. These things are all in the teacher's field.

It is becoming a not unusual thing for the tired mother or the parent who wishes a vacation not suitable for children to leave the children in the care of a trained nurse. For many reasons, nurses have been found more satisfactory than governesses, and a certain number of nurses every year find themselves with a well child on their hands.

Even in the ordinary case of illness, there is the discipline to be studied. In convalescence, much real teaching may be done. There is a very definite place in the world for the nurse with teaching knowledge, and the young woman who can furnish this sort of service will find herself in demand.

It is out of the question for the nurse to take a kindergarten course or a normal school course. She may, however, spend some of her spare time, even while on a case, in reading books on teaching methods and on discipline, and in this way get hold of some of the fundamental principles which will be of great value to her. The following books will be found useful in furnishing suggestions for methods with the younger children:

"In the Child's World." Poulsson.

"Kindergarten Principles and Practice." Wiggin & Smith.

"Froebel's Occupations." Wiggin & Smith.

"The Home-made Kindergarten." Nora A. Smith.

There have been many interesting articles in recent magazines concerning the Montessori method of teaching, and it is now being extensively introduced into this country. A half day's reading will serve to make the nurse familiar with the principles of this method, and her knowledge of it will make her of a good deal of value to many a busy mother. A visit to one of the Montessori schools which are being established in the larger cities is also well worth while.

Dr. Montessori is an Italian whose original research was done for the sake of feeble-minded children. She presently found that the same methods were successful with normal children in their early years.

Dr. Montessori believes in the importance of training the special senses, especially the tactile sense. She excludes as far as possible all senses but the one in hand at the time. For example, in teaching a child to note the sounds which most of us pass unheard, she blindfolds him or has several children together in a dark room, so that they shall not be distracted by other things. In her tests for touch sensations and in its teaching, she directs the blindfolded child to touch lightly the material given him, learning all that he can about it in this way. She teaches writing and drawing by having the children feel the forms; when they have learned them by the sense of touch it is but a step to transfer them to paper or blackboard by the same series of movements. When we consider how necessary a highly developed touch is in the finer things of life, the musician's touch, the surgeon's touch, the sculptor's, the painter's, even the work of embroidery, sewing, and many of the domestic arts, we see that her ideas are fundamental.

She applies her work and the children's knowledge to their every-day life. She would teach them to attend to their own needs. Some of the lessons are given with a view to enabling a child to dress himself and to assist the other children. By her meth-

ods the child learns to read and to write almost unconsciously, and lays the foundation for all his future work. He learns concentration of attention without fatigue. He learns to coordinate his muscular movements, which is the foundation of all physical grace and health and of all manual dexterity. He acquires very readily a general stability which ordinary teaching methods do not give.

The Montessori system advocates special gymnastics to develop the normal body and to correct any existing defects. A proper swing in which the child propels himself, a rubber ball suspended from the ceiling and used for games, a rope ladder, etc., are among the apparatus used. Outdoor games like the hoop, bean bag, ball, and hide-and-seek are advocated. Breathing exercises and teaching in correct enunciation are also a part of the method.

It is quite worth the while of any nurse who deals with children to read one or more books on the Montessori method, as

there is much in it which is thoroughly practical.

The nurse with a convalescent or well child on her hands may find joy to herself, the child and its parents, if she takes the opportunity to teach a manual occupation. Children love to make things, and an illness will be remembered with pleasure if the child has been able to learn basketry, weaving of any sort, crocheting, wood carving, pyrography, embroidery, lettering, or any of the many useful and decorative arts which require a small amount of apparatus or material. There is hardly a nurse who does not know a few of these arts, and hardly a child who would not be delighted to learn one of them. When time hangs heavy, the opportunity is there.

One may even teach songs or short poems, or have the child and herself take part in a simple dialogue. All these activities are instructive as well as entertaining, and the parents will appreciate them as much as the children do.

Every Woman a Nurse

Every woman, or at least almost every woman, has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid—in other words, every woman is a nurse. Every day sanitary knowledge, or the knowledge of nursing, or, in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognized as the knowledge which every one ought to have—distinct from medical knowledge, which only a profession can have.

If then, every woman must at some time or another of her life, become a nurse, *i. e.*, have charge of somebody's health, how immense and how valuable would be the product of her united experience if every woman would think how to nurse.

—FLORENCE NIGHTINGALE.

The "Murphy Drip" Treatment

CECIL CHARLES

THE method of giving proctoclysis has been greatly modified since it was first employed, and the results are so very wonderful that too much cannot be said or taught about it. By a few terse, simple rules, we shall make an endeavor to instruct those whose hospital training did not include this valuable knowledge.

ARTICLES NEEDED

1. A standard, about six (6) feet high is needed, on which to hang the apparatus at the right-hand upper corner of the bed head.

2. Procure a two-quart enamel douche can, graduated on the inside in ounces, with a solid enamel spout.

3. To the spout add five and a half inches of red rubber tubing half an inch in diameter, on which is set midway a Hoffman clamp, by which the speed of the drop will be controlled.

4. In the lower end of this insert the glass Murphy dropper, which consists of two curved droppers, one smaller than the other, and annealed at the upper end, so that the water may be seen dropping, and the speed regulated, ordinarily forty-five to the minute, by the Hoffman clamp just above.

5. To the lower end of this add twenty-four inches of the same connecting rubber tubing.

6. Now add a glass "Y," add thirty-four inches of tubing, and at its upper end a glass hook, to hold it in place over the side of the can, or take a bite in the side of the tubing with a hemostat and hang it up on an arm of the standard so that the open upper end of this tube is above the supply of water in the douche can.

7. This tube must be taut. It is for the expulsion of flatus, therefore the "Y" must

be *below the dropper*. The "Y" must be on a level with the surface of the bed, so that the flatus tube may be inverted, and thus permit the contents of the bowel to be siphoned off into bucket below when necessary. The Murphy drip is used for very ill patients, in most instances emergencies, who were not flushed out before operation. The play of water in the bowel at first loosens the fecal mass, and it begins to come away in large particles, almost plugging all the apparatus. This must be milked down and siphoned off before the drip can do any good. The amount siphoned off can be more easily measured from the bucket below, or saved as a specimen to be shown, than if expelled in the bed, which would otherwise occur. An exact balance ought to be maintained between the contents of the intake when starting and when replenished on the one hand, and, on the other, the amount of urine, perspiration, and siphonage, as out put.

8. To the lower end of the "Y" add two inches of rubber tubing, not more, since the "Y" is to be on the edge of the bed.

9. To this add the Meinecke heater, or lay on a warm water bottle. The temperature of the atmosphere will cool off the solution, for though it must be started at one hundred and sixty degrees in the can above, it is difficult to deliver it to the patient at one hundred and ten degrees. Formerly many patients must have been thrown into deeper shock by the temperature at which the solution was injected, and every effort must be made to keep it at one hundred and ten degrees on delivery.

10. To this add two inches of tubing into which fits an "infusion thermometer" to read. This may be kept clean by a fine bristled drinking tube brush.

11. Cut off the last eight inches of the special Murphy drip catheter, No. 13, which has two eyes, so that if one is clogged the other will be free. Insert the catheter only about four inches. The last foot of the apparatus lies on the bed and may be strapped with one long narrow strip of adhesive to the patient's thigh to keep it in position. The apparatus must pass under the thigh about midway on the thermometer to the rectum, and a small draw-sheet rolled tight and smooth, laid under the lower third of the thigh, will prevent any pressure of the leg from checking the flow.

12. The upper covers of the bed should be split in the centre to allow free access to the rectum for this treatment and to read the thermometer frequently under cover. Take two sheets, and two blankets, and four safety pins, for this purpose. Fold them crosswise and use one of each for the upper and lower halves of the bed, the upper half of the upper sheet and the lower half of the lower sheet being less than half the length of the full sheet. Make these two sets of covers overlap at the knee and pin together. This avoids the awkwardness of turning the covers down, or lifting too much at the side.

13. Place an inch pine board, a little over three feet long and eight inches wide, under the bed springs at the buttocks, to hold them steady so as not to let the bed sag in the middle.

14. The solution used nowadays is plain water, and the amounts added must be measured and recorded. Keep a pad, pencil and enamel graduate near at hand. Many surgeons order this treatment on for one hour and off for two, or some such way, and it is very easy to watch the drop and control it by the little Hoffman clamp.

Flatus will take care of itself. We can see the bubbles go up through the tube with the open end. If the patient is sensitive to the presence of the solution, slow the drop, as a matter of common sense. Do not take the apparatus apart. The pres-

ence of air in the tubes prevents success. Do not irritate the patient by taking it out and inserting it often. Use a rubber glove as a sure means of inserting it quickly, especially when a patient is in the Fowler position. Use plenty of lubricant, but not near the eyes of the tube. To start it properly, run the solution at full speed through the tube till all the air is out, then shut off completely by the Hoffman clamp. Then start it dropping, with your watch in one hand, till it is exactly at forty-five to the minute or as ordered. This regulating is done over the bucket, so that we may estimate the amount wasted and see that it tallies with the amount of lowering in the can. Wait till the thermometer reads one hundred and ten degrees and insert the catheter only four inches. Do not attempt to pass it into the sigmoid flexure. If fecal particles show, and the solution is dammed back, shut the drop off entirely by the Hoffman clamp and siphon down into the bucket with the upper free tube, then open the clamp and start the drop again.

15. If for some reason, no heater can be obtained, and the thermometer shows that the solution is below one hundred degrees, one can pinch the catheter and open the clamp till a sufficient volume of warm water is standing down at the lower end to raise the temperature again to one hundred and ten. Then shut off the clamp to the required speed of drop, and unpinch the catheter, resuming the treatment.

16. The douche can does not need to be hung very high since there is no question of pressure or danger of dilating the bowel too greatly, and the longer the tubing the greater the cooling.

17. The patient must be watched for reduction of thirst, increase of urine, perspiration, quality of pulse, keeping the catheter in place, and expulsion of feces or flatus freely, so that no particles clog it. All these patients need albolene on their tongues and their temperature should be taken *by mouth*.

18. Great care must be taken to prevent burns from hot water bottles, since a patient's vitality is very low. All the exposed parts of the apparatus can be bound in cotton to keep the heat in, except the dropper and the thermometer.

19. A large thirty-two candle-power bulb floating in the douche can at the top will keep the solution about one hundred and sixty degrees, as a good milk thermometer will show, and in cool weather this should all be wrapped about with a small blanket, reaching the bottom of the can, to retain the heat. But even so, it is necessary to reheat the solution near the catheter. Though the apparatus need not be hung very high, a footstool is necessary for most nurses to permit them to see where the solution is standing in the can.

20. The treatment should be charted as follows: "10 to 11 p.m.—Murphy drip, plain water 45 drops to the minute——ounces $3\frac{1}{2}$ retained, a fair amount of flatus expelled and some fecal particles." Some one

will constantly hand you little sums about the amount of water absorbed, so you must be very careful about subtracting *from* what you put into the can, (1) what you experimented with; (2) what you siphoned off; (3) what is left in the can—and the balance will be the patient's *intake*. That ought to correspond with his excreta by skin and kidneys. However, we must aim to make the number of drops to the minute tally as far as we can with the patient's intake and spend no time foolishly in useless manipulation. If you chart that you gave forty-five drops to the minute and that your patient retained only $3\frac{1}{2}$ ounces in an hour, you must explain where the balance went, or how many minutes it was not working, and why. For forty-five drops to the minute means forty-five drams to the hour, or five ounces and five drams ——, showing a loss of two ounces and one dram, and there have been many cases, we may be reasonably sure, where a few ounces more in the system would have saved a life.

POINTS TO REMEMBER CONCERNING CANCER

1. In the early stages cancer is painless and its growth very gradual and insidious.

2. Regard any lump in the breast as suspicious and possibly a beginning of cancer, even if pain is absent, and seek an examination.

3. When a cancer of the breast has reached the size of a walnut, it is probably then that the glands in the axilla have been infected, and complete removal is much more difficult.

4. Remember that cancer is a local growth at first, and curable in its early stages.

5. Cancer of the uterus is most apt to

occur between the ages of thirty-five and fifty-five. In exceptional cases it may come earlier or later.

6. Irregular and unusual bleeding from the vagina is a symptom requiring investigation.

7. The return of the flow after the menopause is a very grave symptom. It should always be regarded as a danger signal.

8. Increased flow when the menopause should be expected is abnormal and should always be investigated. The flow should gradually lessen rather than increase as the change approaches.

Story-Telling an Accomplishment for Nurses

CARRIE BARNES

ALL the world loves a good story-teller. Story-telling is probably the oldest of the accomplishments. It is one of nature's great informal means of training and teaching as well as of amusing her children. Only in these latter days has it been made a subject of real study. To the nurse who wishes to do some serious study that will add to her efficiency without being burdensome, we would recommend for this season a study of how to tell a story *effectively*. For such a study she needs no special laboratory or expensive paraphernalia. She can practise on her room-mate or companion, or borrow a neighbor's child.

To some, the ability to tell a good story comes as a natural gift. Even the most commonplace incident has the irresistible charm that compels attention, and that interests and pleases, when told by certain individuals. But the ability to tell a good story can be acquired if one cares to devote time and effort to excel in that particular accomplishment.

To those who would become proficient in the art of story-telling I would suggest, first of all, the decision to devote at least one-half hour a day—when off duty—to the practice of the art. One of the first things to learn or to decide is what constitutes an effective story. The good story consists chiefly of *events* and especially of *action*. Description has little place in it. The addition of detail after detail makes the best story tedious. What is the difference between a story and history? One difference is that history is a record or recital of events that really happened. A story may be purely imaginary, or it may be a recital of facts, or be "founded on fact." The story makes its appeal chiefly to the emotions. It consists of definite elements which are essential, and which together form the

whole. Without each of these elements the story is incomplete. Each story must contain the following four elements: The beginning, the succession of events, the climax, the end.

Each element has its own peculiar function. The beginning should arouse interest. It serves to introduce the leading persons and furnishes the background for the events which are to be related. Avoid long introductions to your stories. A few sentences are sufficient to lead up to the events to be related if you know how to manage your introductory step properly.

The events should be told in their proper order. You spoil your story when you have to go back to get in some point which you have forgotten and feel is important. Therefore, avoid spoiling your story by saying: "O, I forgot to tell you that"—etc. This blunder distracts the attention and lessens the effect of the story.

Sara Cone Bryant sums up the necessary elements in successful story-telling thus: "Knowing your story; having your hearers well arranged; being in the right mood. Then begin to tell it. Tell it simply, dramatically, with zest."

Another writer, in commenting on these points, says: "Simply, means naturally—without affectation. It means the using of words which those who are to listen to you understand. Directly, means with swiftness from one 'happenstance' to another. Dramatically, means with the kind of vividness which comes from being able to put yourself in the place of the person described. With zest, means with snap, spirit and sparkle. This is only possible when you yourself are as interested as you desire your audience to be."

"The climax," says another writer, "is that which makes the story; for it, all that pre-

cedes has prepared the way. If a moral lesson is conveyed, it is here that it is enforced. Hence, failure here means total failure. The reason why the 'good story' sometimes seems so dull when it is related by an appreciative hearer is that he has missed the point in re-telling it. It is for this that the story exists, and skill in dealing with it counts more for success than at any other point. Whatever tends to obscure the climax or weaken its force lessens the story's power. Usually it is more impressive if there is something of a surprise involved; with the humorous story this is absolutely essential."

When the climax has been reached avoid adding details of no consequence to it. The best story may be bungled and the climax rendered almost an anti-climax if the teller of the story does not know when to stop. Therefore, consider well how you will end the story after the climax has been reached. Remember Henry Van Dyke's prayer that he may never tag a moral to a tale or tell a story without a meaning. To add a moral application to a story is akin to appending an explanation to a joke.

The nurse's use of the story-teller's art is likely to be with a child patient for an audience. Its chief purpose is to entertain or give pleasure to a child. Her material can be gathered from the children's pages of popular magazines, from her own observa-

tions in nature, from books of short stories for children, from the daily paper—from anywhere.

One of the daily papers in the place where I live has been printing for months back almost every day delightful short stories for children in which animals are given appropriate names. Each story deals with a single incident, though the same animal persons appeared all through the series. The author of the stories called "Bedtime Tales" is Thornton W. Burgess, and the series constitute an almost inexhaustible fund of entertainment for child patients. Johnny Chuck, Reddy Fox, Billy 'Possum, Peter Rabbit, Drummer the Woodpecker, Blacky the Crow, seem almost to live and move and breathe in the stories. Even the "Merry Little Breezes" become intensely interesting as they carry messages from one to the other through the "Green Forest" which is the scene of the tales. The "Lone Little Path" through the forest becomes a familiar road. For practice work in beginning to tell stories this series can hardly be excelled.

Where a number of nurses are rooming in the same house, a Story-Tellers Club might be formed which would furnish not only an informal program for some delightful evenings, but would help each nurse to add to the joy of living for every child in every home she enters.





GRADUATING CLASS, 1914, MT. CARMEL HOSPITAL, COLUMBUS, OHIO

Baby's Bath

AGNES TOMLINSON, R.N.

HOW important is baby's bath hour! Everything must be in readiness and just think what the word "readiness" means: The nursery of a temperature of 80° or 85°; little bits of absorbent cotton for mouth, eyes, nose and ears; boracic acid solution for cleansing same, two or three little swabs made of a bit of cotton wrapped around the end of a toothpick; powder box and puff and a tiny hair brush at hand. No soap—only a little boracic acid in the bath water and olive oil for rubbing into the skin after the bath; a pair of scales must be in readiness for weighing the little fellow. His clothes have been hung up to air on his little blue and white clothes pole, and are ready to slip on without delay when the bath is finished.

A bath rug is placed beneath his little wash stand; water of the temperature of 98° is in the little bowl, a pitcher of hot water is near at hand; small, soft wash cloths and linen towels hang in readiness. A low, straight chair stands before the wash stand for nurse.

Grandma and mother form an adoring circle. Nurse lifts the cooing babe to her lap, unfastens and frees his little body from the long clothes. Now he is laid upon the scales, the greatest joke of the day to baby's little mind, for he kicks and crows and smiles, making it well-nigh impossible to tell whether the weight is 11 pounds, 8 ounces or 11 pounds 10 ounces, even by the united efforts of grandmother, mother and nurse.

How he loves his bath! Never having been frightened he enjoys it all, and we tell him how important it is to keep his teeth clean and wash them, O, so carefully (he has just two tiny impressions, you know, beginning to show).

When it comes to poking into his little

nose he shows small signs of fear, but this terrible ordeal is soon over and then he is ready to smile again.

A drop of boracic acid solution in each eye keeps them always in good condition; care should be taken not to have the solution too strong—a small half-teaspoonful of acid to a glass of warm water is quite sufficient.

The scalp must be carefully watched and washed daily, in order to keep it free from dandruff, and the soft spot must be rubbed gently to avoid injuring the brain.

The remainder of the body is soon finished. All this time he has been allowed to lie perfectly bare upon his nurse's warm flannel apron, it being thought better to have the room warm enough to have a nice air bath than to be wrapped up in the apron, as is sometimes advised. In this way the limbs become strong and vigorous, his lungs expand and the circulation becomes all the better for the freedom.

Before dressing baby is massaged for five minutes with warm olive oil, and soon his body is in a glow.

Dressing is not such a pleasure, and he wishes he was a little Fiji Islander, so he would not have to wear clothes.

The above treatment was given to a babe who was very frail. I went on the case when the child was seven weeks old. He weighed seven ounces less than his birth weight, his lips, chin, nose and feet were blue. Within two weeks he had begun to gain in weight—we count six ounces a week a fine average. Seldom he gained less than eight, and once twelve ounces. His circulation became better and it was not long before the blueness had left his feet and face. I stayed with him ten weeks and at the end of that time he weighed about fourteen pounds. He became rosy, strong and beautiful.

Cooling Beverages

ROSAMOND LAMPMAN

BEVERAGES for the sick should not only be daintily prepared, but attractively served; a thin glass, a pretty tray, or one neatly covered with a doily, straws with which to imbibe, a few flowers, and a small plate of tempting crackers, sandwiches and, if sweets are allowed, some dainty little cakes, are all pleasing and important accompaniments.

Plain lemonade or orangeade are much more delicious when made with boiling water than if cold is used. Wash and dry one large lemon. Cut it into halves, reserving one thin slice; squeeze out the juice and strain; then add two tablespoonfuls of sugar, and one cupful of boiling water, and blend thoroughly. Cover closely and allow it to cool, then stand on ice until cold. Serve with the thin slice of lemon floating on top. Some prefer a dash of nutmeg or ginger added. Orangeade is made in the same manner, with the exception of a little lemon juice added, or if the orange is a very tart one, a little less sugar.

For an excellent lemon syrup that may be kept on hand for emergency use, pour three quarts of water over four pounds of granulated sugar and let it stand, stirring occasionally until the sugar is completely dissolved; then set over the fire and heat gradually until the boiling point is reached. Boil ten minutes; add three pints of lemon juice and strain. Turn the syrup into perfectly clean bottles, cork tightly, and keep in the ice-box. For a plain lemonade, dilute the syrup with ice-cold or charged water to suit the taste.

Chocolate syrup is nice to have on hand as well as the lemon. Make it in this way: melt two squares of unsweetened chocolate

with two tablespoonfuls of hot water, over boiling water, then add two cupfuls of boiling water and one cupful of sugar. Cook five minutes, add one tablespoonful of vanilla extract, strain and bottle. Keep this in a cool place also.

For a plain chocolate milkshake, use two tablespoonfuls of the chocolate syrup with two-thirds of a cupful of milk and a little crushed ice, and shake thoroughly. One teaspoonful of whipped cream added improves it.

For an attractive eggnog, beat the white and yolk of one egg separately, to the yolk add a speck of salt, and two teaspoonfuls of sugar and one of crushed ice, and beat thoroughly; then add one cupful of ice-cold milk, three-fourths of the beaten white of egg, and one teaspoonful of vanilla. Mix well and pour into a tall glass. Sweeten and flavor the remaining white of egg and garnish the top with it. To be refreshing, all articles and ingredients used should be ice cold, and the eggnog served at once after it is combined.

To make a delicious fruit punch, add one cupful of boiling water to one-fourth cupful of grated pineapple, two tablespoonfuls each of lemon and orange juice, and one tablespoonful of sugar, cool, and when cold strain and set on ice, or serve iced.

Iced tea is as refreshing as a beverage can be. Scald an earthen or porcelain tea-pot, put in two teaspoonfuls of Ceylon tea, and pour over it one cupful of boiling water, put on the cover, and allow it to stand five minutes; then strain into a glass one-third full of crushed ice and add sugar to suit the taste, and one or two crushed mint leaves.

Department of Public Welfare

Rural Visiting Nurse

In order to afford a practical test of a new idea, the rural organization service of the U. S. Department of Agriculture aided the people of an Alabama county to organize for the purpose of employing a visiting trained nurse and meeting her salary and expenses. An organization was completed and funds raised by the co-operation of the county and the schools and the donations of private individuals. A trained nurse was employed and works under the direction of a committee of public officers. Her work will be as follows: First, to visit every rural school in the county as opportunity offers and inspect pupils for signs of contagious diseases and to discover defects in teeth, presence of adenoids, diseases of the eyes or other physical defects calling for medical attention. In addition she will inspect the buildings and grounds with special reference to sanitation in its relation to the spread of disease. While at the schools lectures are given to teachers and pupils on methods by which communicable diseases are carried or spread. Second, mothers' meetings are held as opportunity offers, at which the nurse lectures and gives demonstrations on the care and feeding of infants, home sanitation and hygiene, etc. Third, in special cases where rural patients are dangerously ill, the nurse, at the request of doctors, may visit the home and assist them through the crisis.

This is a new idea in rural community work, the future development of which may fill a hitherto unsatisfied need, especially in the schools. Reports from the county in which the work was organized state that although it has been under way little more than a

month, it is meeting with favor from officials and laymen alike.—*Michigan Farmer.*



Unique Plan in St. Louis

The St. Louis Society for the Relief and Prevention of Tuberculosis, A. W. Jones, Executive Secretary, is taking the list of contagious disease reports issued by the Board of Health each day, and is sending the following suggestive material in a little circular to every home, rich and poor:

"The St. Louis Society for the Relief and Prevention of Tuberculosis, co-operating with the city health department, respectfully invites attention to the fact that influenza, measles, whooping-cough, scarlet fever, smallpox, diphtheria and other nose and throat diseases that cause damage to the lymphatic glands of the neck, materially reduce the natural resisting powers of the body against the invasion of tuberculosis germs; and that such diseases are prone to excite to dangerous activity latent or quiescent tuberculosis, the existence of which may not have been previously suspected. These diseases are important aids to tuberculosis, and careful medical attention should be provided, not only during illness from such, but for some time after the illness, for the purpose of guarding against the development of tuberculosis.

"The Society, therefore, in its efforts to promote the efficiency of preventive measures against tuberculosis, offers this information to parents and others concerned; and it makes the appeal that adequate attention be given to the after care and treatment of such cases, as well as to children

who are mouth-breathers, or who are particularly nervous, irritable or debilitated, for such children are especially liable to develop tuberculosis.

"Parental ignorance and neglect are potent causes of sickness and death among children.

"The Society is endeavoring to teach the public how to prevent tuberculosis, and how to curb it. If you are debilitated or run down, or if you have been losing weight, and have a cough, don't try to persuade yourself that nothing serious can possibly be the matter with you. The early symptoms of consumption are frequently disregarded or made light of, but such disregard does not prevent the disease from gaining a firmer hold on your lungs.

"Remember, that 'a stitch in time saves nine,' and that strict attention to early symptoms of tuberculosis may save your life.

"If you see early signs of your house being on fire, you act immediately and save the house. How about your health? And your child's health?

"Join the campaign against tuberculosis. Set a good example for your neighborhood."



Public Health Nurses Named

Mrs. Katherine B. Whitmore, of Schenectady, N. Y., and the five other nurses who were appointed as supervising health nurses in the N. Y. State Department of Health have taken up their duties. The nurses will follow the welfare exhibits at the country fairs conducted under the direction of the State Department of Health. After the fair season the nurses will do general work following up the welfare work in various parts of the State.

Mrs. Whitmore retired from the South End Infant Welfare Station conducted by the Central Christian Mothers' Union to accept her new position. She has had wide experience in public health work.

The other nurses appointed are: Miss Elizabeth Rennert of New York, Mrs. Mary M. E. Carter of New York, Miss Anna L. Barry of Ithaca, Miss Caroline E. E. Chester of Albany, and Miss Winifred F. Noon of Rosebank.



Finding Homes for the Homeless

Strong judicial indorsement of the work done for homeless and helpless children by the N. Y. State Charities Aid Association is contained in a decision which Supreme Court Justice Henry V. Borst, of Schenectady, has just handed down.

"The work of this association," reads the opinion, "is in harmony with the best and wisest sentiment of the times to relieve the unfortunate and distressed and provide homes for children cast upon the mercy of the world. Such work should be encouraged. It will aid in the work of making good citizens and lessen the number of the world's outcasts."

Commenting on the outcome of the litigation, Miss H. Ida Curry, superintendent of the association's county agencies for dependent children, stated that the case directs attention to the extensive and salutary activities of the association in dealing with homeless children and that the decision will give added impetus to the work.

"The law provides that no child under sixteen can be placed in an almshouse," said Miss Curry. "Thanks to wise humanitarian legislation, the days of little boys and girls in the 'poorhouse' are past in this State. They must be cared for in families, in children's institutions, or otherwise. Social workers are thoroughly convinced that the best place for a normal child is its own home if it is or can be made suitable to care for it. This failing, a carefully selected foster home is for the normal child the best substitute. Restoring family life to unfortunate boys and girls is the main object of the children's committee of the association."

Cleanings

Jam Making for the Diabetic

Diabetic patients, as every one knows, are forbidden sugar in any shape or form, while fruit of every kind, with the exception of lemons, can be freely eaten by them. Jam has always been tabooed, on account of the sugar it contains; it will therefore come as very welcome news that it is possible to make a jam which will keep for months without the help of sugar or a preservative. The fruit is simply stewed and sweetened to taste with saccharine. It is then put into properly prepared jars, and all germs excluded by means of the simple process given below. For those people who dislike very sweet things this is an ideal way of making jam, for a small quantity of sugar can be used instead of the saccharine, or, if preferred, the fruit may be left unsweetened.

Wash the jars in hot, strong soda water, rinse in clean water and dry in the oven. The parchment for covering must be soaked in water for a few minutes and then wiped dry. Prepare the fruit, stew it till thoroughly cooked, sweeten according to taste with saccharine and keep boiling hot.

Light a stick of sulphur over a coal shovel and hold in the left hand. Take a jar upside down and hold it over the sulphur for a few minutes, then set it on a tray upside down. Have ready some sulphur cut in small pieces, one for each jar. Fill the jar as quickly as possible, while the fruit is steaming hot, leaving a small space (one-half inch) between it and the top of the jar. Wipe away any jam which may have been spilled on the edges of the jar with a dish-cloth. Take one of the bits of sulphur upon a skewer, light it and let it fall burning on to the top of the preserve. Cover it quickly

with the parchment, and tie it down tightly with string. Proceed with the other jars in the same way; let them stand for twenty-four hours and then put them away in a dry, ventilated place.

On opening a jar for use, remove the piece of sulphur; it does not leave the slightest flavor. A jar once opened must be used at once, as it will not keep.

Marmalade may be preserved in the same way.—*Nursing Times*.



The Care of Hypodermic Syringes

The problem of keeping hypodermic syringes ready for immediate use has often been elucidated in these columns. The following, however, is a method employed in some German hospitals which has much to recommend it: A plain glass jar with a tight-fitting ground glass stopper about four inches high is used. Inside this jar is a detachable glass receptacle with one large opening in the center for the syringe and four smaller ones for the needles; the jar is filled with a solution made of sterile glycerine and rectified spirit in equal parts, to a level with the top of the piston and the screws of the needles, so that these are kept dry. In addition to these are used a jar of sterile sponges, a small glass block with a cavity in it, holding the same amount of fluid as the barrel of the syringe, and a bottle of ether. The cover of the glass jar is moved, ether is poured into the receiving block, and after the hypodermic has been properly emptied and a needle attached to it the syringe is filled with ether and emptied again into the glass block. The advantages of this method are that the syringes are

always ready for use on several people without delay. The needles are kept sharp much longer, because the points never touch anything but the patient, and the solution used keeps them sterile. The object of adding the glycerine is to prevent the needles from rusting, which alcohol by itself is apt to do, and the ether frees the syringe and needle of the glycerine. Ether should run through the syringe before being replaced in the receptacle.—*Exchange*.



The Treatment of Obesity

In the *New York Medical Journal*, J. M. Anders states his opinion that the majority of cases of this condition are to be attributed to a relative excess of food and a small expenditure of energy. A division of the cases into plethoric and anemic, as well as into general and local, should be attempted in practice. The anemic form often results from periods of enforced rest, *e.g.*, after accidents, surgical procedures and the acute infections, such as articular rheumatism and typhoid fever. During middle life a tendency toward corpulency is frequently observed, when prophylaxis must have reference to the causative factors presented by individual cases. The treatment of confirmed obesity should be carried out under strict surveillance in all cases, and may be conveniently considered under three heads: (1) The dietetic treatment; (2) the mechanical management, and (3) the medical measures. The author allows a limited proportion both of carbohydrates and fat, and thus accomplishes two objects, namely, a slow consumption of the previous fat deposits and maintenance of the normal metabolic processes. The carbohydrates are not to be withdrawn in toto, since the use of large amounts of proteins which are difficult of complete metamorphosis tends to excite gouty manifestations and digestive disorders and to inhibit favorable progress or, indeed, to induce fresh complications that should be

avoided. Muscular exercise for the purpose of accelerating oxidation is only slightly less important than an appropriate diet; it promotes destruction of the fat already warehoused in the system and invigorates both the circulation and respiration. Certain spas, especially Marienbad and Carlsbad, are effective in the plethoric, but not in the anemic type of obesity. Thyroid feeding has gained considerable professional favor. It may be employed in the anemic variety, more particularly if a myxedematous condition is present. The commencing dose should be small (one grain), to be slowly and gradually increased, but it is unwise to exceed three grains thrice daily.



The Use and Abuse of the Tonsils

In a paper by Dr. J. H. Comroe, of York, Pa., presented in the section on diseases of children at the convention of the A. M. A., he stated that the tonsils had been accused of causing many pathological conditions. Many tonsils, however, should be saved that were condemned without hearing. Statistics showed that there had been 37,000 recommendations by school inspectors to parents to have the tonsils of children removed. This wholesale condemnation of the tonsils should be reconsidered. The organ had not been proved valueless. It was the first line of defense against micro-organisms. Many bacteria were taken up by the phagocytic cells. A passage of leucocytes occurred from the tonsil to the buccal cavity. In the healthy person the tonsil contained many leucocytes. The current of lymph from the tonsil served to wash away infecting organisms, and lymphatics drained the crypts of the tonsil. The removal of the tonsil was not always a simple matter and many deaths had resulted from it. The tonsils serve a physiological rather than a biological function and should not be carelessly eradicated.

Editorially Speaking

Nurses and War

The contributions to the American Red Cross fund for the relief of stricken Europe have not been forthcoming in the way that was expected or desired. This should not be taken as a reflection on the generosity of the American people, we believe, but only as another evidence of the unpopularity of the American National Red Cross with the great mass of the people. No matter how much we may regret it, the fact remains that the present organization has failed to inspire confidence or arouse the enthusiasm of any but a select few. However, this is no time to air grievances or lodge complaints, and we feel sure that when the vastness of the need is thoroughly understood the American people will respond nobly to the call.

If there has been lack of enthusiasm among the laity, there certainly has been no lack of it among nurses, for hundreds are offering their services, and the matter of selection is most difficult. An article in the *Nursing Mirror* of London has this to say of war in relation to nurses: "Political questions," it says, "as a general rule do not interest the average nurse. Dynasties may rise or fall, governments change, matters of legislation be discussed in Parliament which may in the end vitally affect her status, yet all these things leave the bulk of the profession quite cold—at the most, lukewarm. Not so war. This stirs her inmost spirit. So closely in modern warfare does the work of the nurse follow that of the soldier, that the faintest whisper of discord among nations at once arouses her to interest and action. There are few classes of the people more patriotic than nurses. Here they are, a trained, disciplined body of women, accus-

tomed equally to obey the word of command or to take the initiative. . . .

"But it is a matter of the gravest importance that *only* women of recognized training and suitable character should be selected for military service. Character is vital anywhere, but doubly so in army work, as all will agree who have had any personal experience of its importance under conditions where the reputation, not only of an individual, a society, or hospital, but that of a nation is at stake. Much harm has been done in the past by the hurried selection of only partially trained nurses for responsible posts in times of war. That such can play a most useful and helpful part cannot be denied, but only when working under the direction of trained nurses, who should also have had some experience in teaching and training others. However clever, able, and willing she may be, it is impossible that, with only a few months' training, whether in or out of the hospital, a woman can bring to bear upon her work the necessary qualities of judgment and forethought that the knowledge born of training and experience alone can give. There is no greater handicap to success than superficial knowledge of any subject, and when that subject is one that carries with it the issues of life and death, as nursing does, it goes without saying that the nurse rather more than other people should be fully equipped for her work."

In connection with nurses and war it is interesting to note that it is not only men of all ages who are being called by Germany to the colors, but women are also being recalled to their duty in the military hospitals of the empire.

The Johaniter Schwestern, a nursing or-

der of deaconesses, is composed of women of good family, coming from the same social strata which furnishes the material for the officers of the German army. To join this sisterhood, application must be made to a local Johan Ritter, who passes on the qualifications of the applicant. If she is accepted the Johaniter Schwester enters upon a training which varies from six months to a year; in the latter case the training may extend over two years, the six months of each year taken out. After passing the examination at the end of this training, the nursing sister signs a pledge, by which she is obliged to give three weeks of service every year wherever she may be sent. Only serious illness or grave family calamity can excuse her from this duty. In time of peace, these sisters are sent to do substitute duty for deaconesses in the hospitals who are away on their vacations. In time of war like the present, most civil nursing will be put in their hands, while the more highly trained nurses are sent to the front and to the military hospitals. Very recently several of these Johaniter Schwestern have been recalled from this country, and have relinquished cheerfully pleasant social engagements and perfect safety to hurry back to hard work, great discomfort, and very possible danger.

France has also some wonderful organizations of women, working under La Croix Rouge, viz.: La Societe de Secours aux Blesses Militaire, Association des Dames Francaises, and Union des Femmes de France.



A Place Where Caution Is Needed

That the popular magazines can accomplish much in the advocacy of large plans for human betterment cannot be questioned. The assistance rendered by different magazines to such causes as prevention of tuberculosis, exposure of patent medicine frauds, pure food inspection laws, prevention of in-

fant mortality, and in the general dissemination of health knowledge in popular readable form, has been very real and very valuable. That the campaign for some popular cause designed to aid humanity in its struggle upwards, and for "life, liberty and the pursuit of happiness," is "good business" for the magazine goes without saying, and the more people the cause advocated can be made to appeal to—the more it helps to popularize the magazine.

Within the past few months a new campaign of this sort has been launched by a popular magazine, which is a little more daring and very different in important aspects than any other of which we have knowledge. Heretofore such magazines have given impetus to certain efforts which leaders in the medical profession in America have been putting forth, and have helped to popularize and bring to the attention of the people certain facts on which the medical world was in general agreement.

In the campaign in question, effort is made to force American doctors to adopt a certain line of treatment adopted in *one* certain hospital in Germany, and designed to produce painless childbirth for all child-bearing women. The question is certainly one to be approached with extreme caution by nurses. We are not of those who believe that American physicians are averse to relieving the pains of childbirth or that they are indifferent to any new procedure which means relief from suffering and the general welfare of the patient. They have, however, good reason to accept with caution some supposed discoveries from Germany designed to mitigate human sufferings—discoveries which were doomed to lead thousands of sufferers to disappointment.

To quote from *The Ladies' World*, these articles headed "The New Birth" or "The Twilight Sleep," "*are published to create a demand for painless childbirth in this country. The American women . . . must rouse the interest of the American medical profes-*

sion—the most skilful, but the most ultra-conservative body of men in the world. Naturally, the average physician is not primarily interested in abolishing pain in childbirth, especially when it means a long period of study and experiment and expense. . . . Two points should be emphasized: First, that the twilight sleep should not, and cannot safely be practised in this country without the cooperation of the leading physicians. Second, that every effort should be made to secure that cooperation if necessary to force it."

If such articles were put out over the signature of a physician, one versed in the science of obstetrics, they would inspire more confidence, but until they receive the unqualified indorsement of the medical profession their propriety can well be questioned, and nurses whose patients have read these thrilling articles of painless childbirth need to remember the lessons on loyalty to the physician which they learned in their probation days.

This painless childbirth is made possible by the injection of a combination of morphine and scopolamin in small doses, sufficient to induce sleep but not complete unconsciousness.

Scopolamin, in a recent article in *The Ladies' World*, is characterized as "a comparatively unknown and dreaded drug."

The article further states that the reason why this painless childbirth cannot be made possible to all who bear children is that (we quote the exact words of the article):

"First, until experienced competent obstetricians of our own country have learned directly from Freiburg (in Germany) how to make the delicate tests of consciousness upon which depend the success of the method as well as the safety of the patient, it would be folly to attempt the twilight sleep in our own hospitals. . . .

"Second, hospitals must be equipped everywhere, because the twilight sleep or painless childbirth can be had only in hospitals es-

pecially fitted out and manned with physicians trained for the work."

The Jewish Maternity Hospital of New York has been experimenting for the past three months with the twilight sleep, under the direction of a German physician who studied the method with Professors Kronig and Gauss at the University of Freiburg, and reports good results. The authorities there, however, insist that "success is dependent on correct technique." Not all the experiments tried here have been effective.

The physicians who are best informed about the new method of obtaining painless childbirth are opposed to the suggestion that a new maternity hospital be founded in which this method would be practised exclusively. All the work that ought to be undertaken at the present stage, they maintain, can best be done in connection with existing institutions.



The Age Limit for Probationers

There is perhaps no one thing which would do more to increase the supply of nurse candidates than to make it possible for the girl of eighteen or nineteen to enter for training. That there will be plenty of objection to this, goes without saying—but the bare fact remains just as it is stated and facts are stubborn things.

Traditions die hard—in the nursing world and everywhere else. When training schools were started, comparatively few occupations were open to women, there was much prejudice to combat, pioneer work had to be done—hard and unorganized work it was—to a considerable extent. Mature women were very decidedly the kind of women needed for those conditions, and for much of the work in the hospital today mature women are certainly needed. They are being employed at good salaries in greater numbers every year and may their numbers increase

There is no one solution of the problem of the shortage of nurses, but one important thing that can be done, and is going to be done more and more till it becomes "the customary thing," is to increase the force of supervisors for bedside work in the hospital and admit carefully selected young women at eighteen or nineteen—when they leave school—when they are ready and eager to be doing something really worth while before they have drifted into stores and offices and other occupations where the opportunities are not half so great as in the hospital and nursing world, and the work quite as hard.

Let us make it possible for the ambitious girl to begin to earn money for herself and be self-supporting at twenty-one or twenty-two. Let us make the conditions in our hospitals such that the girl of eighteen will not find them too difficult and too arduous. Let us increase our graduate supervisors so that, both day and night, however small or large the hospital, the nurse shares her responsibility on duty with the more mature, experienced supervisor. *Let us not admit the younger pupils unless we are willing to provide sufficient graduates day and night to meet the emergencies that arise, promptly and efficiently.*

But let the day come when we will cease to shut the doors of our schools on capable, ambitious girls of eighteen or nineteen, and then bewail the shortage of nurses. The young man who wishes to begin his medical course, or the young woman either, can plan to do so before he (or she) leaves the high school and can begin the medical course (in many States) on completion of the high school course. In the hospital world, in deference to a well-worn tradition, we have said to the girl of the same age: "You must look around for something else to do, and wait two or three years, before we can admit you to our school," and in pursuing

this policy, we have every year lost thousands of promising candidates which the hospitals sadly needed if they were to give efficient care to the sick.



The Special Hospital

Special hospitals multiply. New institutions devoted to the care of some special class of patients come into existence every year. It is not to be wondered at that some people ask, "Why are special hospitals needed?" Why cannot the general hospitals care for all these special classes of patients for whom these new institutions are provided?

Most conscientious superintendents of general hospitals are painfully conscious of their own inadequacy to give proper care to certain types of patients. Who has not dreaded the arrival of a neurasthenic patient for whom no special accommodation had been provided? And this is only one instance of many that could be cited.

Seldom has the cause of the special hospital been more forcefully advocated than in the article by Dr. Foote in this issue. We fancy that few who have had actual experience with the difficulties of caring for some types of patients adequately in a general hospital will fail to agree with the writer's arguments.



European Hospitals

We are presenting in this issue the first of a series of sketches of European hospitals, which are the result of the observations of Miss Minnie Goodnow, during her recent trip abroad. Miss Goodnow was fortunate in completing her visit and reaching home just before the outbreak of the war.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

Special Hospitals—Their Value

EDWARD M. FOOTE, M.D., NEW YORK

A writer in a recent number of *American Medicine* questions the need for special hospitals, affirming that they are a relic of the days when there were no specialists in medicine. A very little consideration will show the absurdity of this statement. While there are a few special hospitals which have existed many years, the large majority of them are of comparatively recent foundation, and are plainly a result of specialization in medicine, and not its precursors. In other words, special hospitals are established so that patients may have the benefit of treatment by specialists whose taste, ability or experience especially fits them for a particular line of work. If it is an advantage to have specialists, it is also an advantage that they should have favorable opportunities for work.

Most large general hospitals have departments equipped for the practice of some of the specialties. This plan works well in specialties which are so closely allied to medicine and surgery as to require only slight variation in technic. For example, a specialist in gastro-intestinal diseases or in gynecology should have no difficulty in carrying out his treatment in any general hospital; but let a physician try to apply the mechanotherapy of chronic joint disease, or let a surgeon send into the wards for operation and treatment patients with carcinomatous ulcers, and it is only by constant effort that the patients receive proper care. In the case of acute pulmonary tuberculosis, cutaneous syphilis and skin diseases with conspicuous lesions, the difficulties of securing adequate treatment in general hospitals is well-nigh universal.

On account of the risk of contagion, or objections on the part of other patients, or even without any expressed reason, the "undesirables" in the hospital community are elbowed out, and doctors, nurses, hospital executives and patients themselves are, with a few exceptions, all acting in harmony toward this end.

This, then, is one great reason for special hospitals—that persons with peculiar, chronic or disgusting diseases may receive proper treatment.

One may say in answer to this that suitable wards can be set aside in a general hospital for such patients. This is frequently done, so that we have abundant opportunity to compare the results of this plan with those of special hospitals. The separate ward does not entirely do away with the partial neglect which these patients receive in a general hospital. If the house staff rotates, as it probably has to do, the doctors in the chronic wards are the ones called off for extra duty elsewhere, or away on vacation, or attending to their personal affairs. To a less degree the same holds true of the nursing staff.

A twelve years' experience as visiting surgeon in a large general hospital with many special services, has convinced me of the inherent shortcomings of this plan, though one can readily admit it as the best that is possible under many circumstances. A poorly equipped and badly managed special hospital without enough patients of its class to keep up professional interest is probably of less use to a community than a special division in a good general hospital.

There are also to be considered the special hospitals provided for those requiring technically difficult treatment or study; hospitals for diseases of the eye, ear, nose and throat, and for nervous and mental diseases, etc. Many of these patients would not be regarded as nuisances in a general hospital, though many of them probably would; but their best treatment often requires highly specialized apparatus, unusual rooms, etc. It is possible for a general hospital to provide these things with the completeness of the special hospital, but practically it is seldom done, or if the original equipment is good its upkeep is neglected. This, too, is something which any observer can see for himself. The expense is usually too great to commend itself to the purchasing power in the



GROUP OF MEMBERS OF AMERICAN HOSPITAL ASSOCIATION

general hospital, and unless the specialist in attendance upon these patients is prepared to spend his own money for this service he had better accustom himself to do without many things with which his fellows in special hospitals are provided.

This brings us to the question of expense. Certainly it costs more to run a special hospital than it does a general hospital. It costs more to consult a specialist than it does a general practitioner. Patients whose treatment requires special apparatus and an extra amount of time cannot be taken care of at a minimum of expense. However, it ought not to cost much more to run a special hospital than a properly equipped special department in a general hospital, provided the number of patients treated is sufficient to warrant equipping an institution for their care. Just what this number should be is a technical question, the answer to which would be different under different circumstances, and in no wise affects the conclusion that patients requiring even a modified form of segregation, and patients whose treatment requires the judgment and skill of specialists and special forms of apparatus, are best taken care of in hospitals equipped for the purpose.



The Hospital Convention in St. Paul

In many ways the hospital convention held in St. Paul in the closing days of August, 1914, has made a new record, and set a new pace for the conventions that will follow.

Thanks to the generalship of Mr. Asa Bacon, of Chicago, and his associates in that city, who

organized the special train from Chicago, the attendance at the opening session was the largest in the history of the association. About one hundred and twenty members and visiting delegates availed themselves of the invitation of the Chicago hospital superintendents to spend a day or two in Chicago seeing hospitals and the city attractions in general, and go through on the special train. Preceding the start from Chicago, there were luncheons on Saturday and Sunday at the Presbyterian and Michael Reese Hospitals; a drive through the most wonderful chain of city parks and boulevards in America, through the courtesy of Sharp & Smith; small automobile parties and various other attractions, the Sherman Hotel, Chicago, being the general gathering place for the visitors. The final act of courtesy on the part of the Chicago people was quite as fully appreciated as any that preceded it, when thirty taxicabs drew up before the hotel to take the visitors to the special train. No one seemed to know who paid the taxicab bills but Mr. Bacon, and he wouldn't tell. No previous convention has ever had such a splendid and delightful prelude.

Too much cannot be said of the courtesy of the Burlington Railway managers, who managed the special train. Special American Hospital Association menu cards had been prepared for breakfast and luncheon. A dainty souvenir booklet with the names of the special train party was presented on the way. The trip was broken by a stop-over at beautiful Lake Pepin, where some of the gentlemen went fishing for an hour or two, and where provision had been made for an auto-



AT CITY AND COUNTY HOSPITAL, ST. PAUL, MINNESOTA

mobile ride and a launch ride around the lake for the general party.

The spirit of Western hospitality was felt as soon as the visitors arrived, all the local hospitals having their representatives on the station platform to meet the special train and arrange for getting the visitors to Hotel St. Paul, where the convention was to be held.

The program prepared covered a wide range of subjects, so that, apparently, no hospital worker could fail to carry away from the convention new ideas and methods, to get a clearer insight into many hospital problems which he will have to deal with, and the inspiration that comes from meeting and knowing fellow workers for the great humanitarian ideals for which the hospital stands.

The president showed his generalship in the smooth working of the whole convention machinery, and the secretary, untiring, alert and capable, showed that he deserved the appellation which many applied to him when they said: "Haven't we a wonderful secretary!" The American Hospital Association has much reason to be proud of its officers of the past year, and those elected at this meeting will undoubtedly give an equally good account of themselves.

The afternoon and evening sessions of Tuesday were largely devoted to papers and discussions on nursing questions as they related to hospitals. If the chronic and middle-class patients in hospital and home have, in previous years, been too often overlooked by hospital conventions, no such criticism holds good this year.

The papers by Miss Roberta West and Miss Mary C. Wheeler were of a high order and dealt

with phases of the educational problems which concern all hospitals which are training nurses. A valuable paper by Mr. John R. Shillady, of the State Charities Aid Association of New York, gave some interesting facts regarding "How the Average Community Cares for Its Sick," ascertained by an actual house-to-house canvass of over 10,000 families, rural and urban.

The report of the committee on grading and classification of nurses presented for study was received with an enthusiasm that augurs well for the success of the protracted effort which the Association has made during the last six years to bridge over the gap that exists in relation to the care of middle-class patients in average homes in city, town and country.

The paper by Miss Anna L. Davis, of Brattleboro, Vt., where perhaps the best example exists of how efficiently all classes of sick can be cared for in a smaller city, was inspiring and of more than usual interest.

Miss Goodnow's paper on "Efficiency in the Care of the Patient" merits careful study. On Wednesday the chief interest centered on the paper by Dr. Charles H. Mayo, of Rochester, Minn., on "The Hospital as an Educational Institution." After the reading of the paper the convention divided into sections for large and smaller hospitals, the section for smaller hospitals being, of course, much the larger.

One whole session for smaller hospitals was devoted to the question of raising money for hospitals, and no more valuable or interesting session for smaller hospitals has ever been held.

The first report on how hospitals may cooper-

ate in the campaign for the prevention of disease was presented as a preliminary report, and the committee continued. It marks a new point of progress in the work of the Association. One whole evening was devoted to a section on out-patient work conducted by Dr. Andrew R. Warner, of Cleveland, this also being a new feature and an evidence of the increasing attention being given to out-patient work throughout the country.

The round table conference for smaller hospitals on Thursday evening was largely attended and, as always, is one of the most interesting sessions of the convention.

On Thursday the visiting members were entertained at a luncheon at the City and County Hospital, St. Paul, and had an opportunity to see a hospital that stands as a shining example of a municipal hospital efficiently and economically managed. The marvelous administrative ability of the man, Dr. Ancker, who for over thirty years has been the guiding spirit of that great institution, was clearly seen in the various departments. Before leaving the City and County Hospital a photograph of the visitors present at the luncheon was taken in front of the hospital. After luncheon an automobile ride through St. Paul and Minneapolis was enjoyed through the courtesy of the Board of Commerce of St. Paul.

The first report on legislation affecting hospitals presented an interesting résumé of recent legislation, this report also being one of the newer features of Association work which marks progress.

No paper presented before the convention excited more interest than that of Miss Williamson, of Los Angeles, Cal., on the working of the forty-eight-hour-a-week law.

The new officers of the Association are: President, Dr. William O. Mann, Boston; vice-presidents, Dr. Ancker, St. Paul, Mr. Kenney, Halifax, Nova Scotia, and Miss Ida M. Barrett, Grand Rapids; secretary, Dr. H. A. Boyce, Kingston, Ont.; treasurer, Mr. Asa Bacon, Chicago. The place of meeting for the next convention is San Francisco and the time probably the last week in June—a joint meeting of the hospital section of the American Medical Association and the American Hospital Association.

A report of the splendid Non-Commercial Exhibit arranged by Miss Lydia Keller, Miss Harriet Hartry and Dr. W. A. Smith, of Hartford, Conn., will follow in a later issue.



Fire Protection in Hospitals

The Commissioner of Charities, John A. Kingsbury, of New York City, took a notable step

August 13, when he instructed Messrs. H. F. J. Porter and A. L. A. Himmelwright, consulting engineers, to proceed with the work which was interrupted some seven months ago, of developing a special system of fire prevention and life protection in the hospitals and other institutional buildings of his department.

Some three years ago, after the Triangle fire, Mr. Porter brought to the attention of the public a system of "horizontal escapes" which he had introduced into high and crowded factory buildings which obviated the necessity of taking people downstairs at all in case of fire as he had found not only that vertical escape down through the fire in order to get away from it was irrational, but that elevators, stairways and fire escapes under emergency conditions were almost always sources of congestion and panic and frequently loss of life.

The "horizontal escape" was obtained by introducing a dividing wall across the building extending from cellar to roof, with a doorway in it on each floor. In case a fire should occur on any floor on one side of the wall, a fire alarm signal would notify all the people on all the floors on that side of the wall, and they would immediately pass through the doorway into the safe section of the building, close the fireproof door after them, thus forming a barrier against the fire, and they would then be as safe as they would be in a separate building in which there was no fire, and from which they would reach the ground at their convenience by elevators and stairways which would be in normal condition.

The Department of Correction having buildings of a character similar to those of the Department of Charities and in some instances located contiguous to them, has asked the Board of Estimate for permission to have this work extended into its buildings. Bellevue Hospital has already had its buildings surveyed and has asked for an appropriation to have them overhauled similarly. The Departments of Public Health and Charities of other cities have been waiting for the decision of the New York City authorities, and will now undoubtedly proceed to have their buildings made safe likewise, so that there is little doubt that the example thus established will be followed generally in all institutions of this kind, wherever located.

This work involves fire alarm signal systems covering some two hundred buildings, and with the Department of Correction and Bellevue Hospital half as many more. These will all be of special design, leaving out steam whistles and large gongs, which are suitable in some cases for factories, but entirely out of place for hospitals

where the inmates are invalids who might be seriously affected by noise and excitement.



A Home-Made Tray Rack

One of the common blunders made in hospital building is to have the diet kitchens or serving kitchens too small for more than one or two nurses to get around in comfort. However, hospital architects are learning to avoid this mistake in newer buildings. Insufficient shelving space to spread a number of trays at one time for convenience in serving has been overcome in various ways.

The home-made tray rack of seven shelves shown in the picture has proven a great convenience in the Baptist Hospital, Boston. It is made of wood, with the shelves slatted. It is on castors and easily moved to the most convenient spot, and when possible should be so placed as to be reached from either side. The place for each tray is numbered by a round tag and a corresponding number is painted on the lower right-hand corner of each tray under the tray cloth. This insures each patient his own tray and facilitates inspection of all trays by the head nurse, both before they go to the patients and after they come back. It serves as a check, also, on waste of food, by easily showing which patient is not eating the meals sent him.



Is All-White Hospital Furnishing Best?

We are beginning to question whether the all-white hospital is the best, after all. For many years our patients have shuddered at the bare spotlessness of it, but we have carefully explained the advantages from a sanitary standpoint and they have tried to think it was all right. Now we hear a protest from another quarter.

We quote from a recent editorial written by a doctor: "Boards of directors like to show their beautiful, white, clean-looking operating rooms, and usually the operating suite is one of the show places of the hospital. But this isn't all there is to it.

"White is hard and hurtful and tiring to the surgeon's eyes. Just think of it; he is looking into a dark cavity or into a wound blurred with blood, and his success in a large measure depends upon how well he can see and identify minute structures. When his eyes tire for a moment and



TRAY RACK

he is trying to "see" with his fingers, he looks away from the field for an instant's eye rest. What does he see? A white operating sheet, white-robed internes and nurses, white floor, white walls, white ceiling, white furniture, nothing upon which his tired eyes may rest but white; white emphasized by the glare from the windows. And this goes on, not for a few minutes but sometimes for hours; some surgeons work from eight till one o'clock, one patient after another, and always in a white glare."

Some of the architects have in the last few years been painting the operating room walls a light tint of buff or even a soft, light gray-green. It has been found a distinct improvement, not only helping do away with the trying glare, but giving a much more attractive room.

Some of the manufacturers are putting out operating room furniture done in a soft pearl gray, and there is something to be said in its favor. The new Robert Brigham Hospital, just opened in Boston, has had its beds finished in a light gray enamel instead of white. It will be interesting to know if the patients do not approve of the change from the ubiquitous white.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Diet and Care of Breasts During Lactation

To the Editor of The Trained Nurse:

I have noticed a good many inquiries on the above subject, and, therefore, will try to give a little of my experience.

It is usually best to put the baby to the breast after the first six hours; this naturally gives the baby the much needed colostrum, but draws out the nipples and also encourages the incoming of the milk. With the first appearance of milk, I apply a firm bandage, not very tight. If patient complains of the slightest tenderness, I apply hot fomentations, using a solution of magnesium sulphate, one ounce to each quart of water. (Use a wringer for the fomentations, as they must be very hot.) I find that my patients can stand more heat on the breast than on any other portion of the body. Use a flannel for fomentations to obtain best results. Place a pad of absorbent cotton under and between the breasts, also on each nipple to prevent pressure, and tighten the binder. Renew fomentations after each nursing period, and continue until milk is flowing freely. It is seldom necessary to renew them more than three or four times. Leave the binder on for a day or two, according to the comfort of the patient, but do not have it tight, as this tends to diminish the supply of milk. If for any reason it becomes necessary to discontinue lactation, use fomentations as directed, renewing with each inflow of milk; apply bandage very tight. Hot alcohol plentifully applied before each fomentation relieves tenderness. *Never* draw any milk. Give magnesium sulphate every morning for three mornings, in doses sufficient to produce several watery actions from the bowels a day. After the third morning give magnesium sulphate or other aperient as necessary.

Before nursing the baby I wash its mouth and the nipples with a saturated solution of boric acid. If nipples are tender apply tannic acid with either glycerine or vaseline after nursing, and expose them to the air, being careful about the patient taking cold in the breasts. I restrict liquids,

excepting water, from the beginning of the puerperium until the milk is flowing freely. This I have found insures a more even flow of milk and prevents the shortage which often follows congestion; also prevents what I find many consider the inevitable headache and fever. During this time the bowels should be kept well open. When the milk flows freely the diet may be liberal and fluids need be restricted no longer. For almost a year I have been putting the babies on a three-hour nursing schedule; I find they gain more steadily, have no colic, and that as it is so much easier for the mother the supply of milk is better. My schedule is from 6 A.M. to 9 P.M., every three hours, with one nursing during the night. Most babies after one month of age end the day nursing at 6 P.M., nursing about midnight. As regards keeping the milk supply—the three-hour schedule, a well-trained baby and plenty of fresh air, which is very essential, are three great factors. The nurse who has instilled into the mother the absolute necessity of exercise by day and sleeping at night in open air, regular hours and habits has done much for both mother and baby. Diet, of course, is the greatest factor in the milk supply. During lactation, I do not usually find it necessary to give extra meals for the first two weeks; however, if milk begins to fail it is well for the mother to take a light lunch midway between the meals—a glass of milk, malted milk, cup of cocoa with a few crackers, etc. For the first three days I allow toast, soft eggs, cereals with a limited amount of milk or cream, baked or stewed apples, peaches or berries, one cup of tea or coffee for breakfast. After this time a liberal diet, including meats (except pork and veal), fish, eggs and all kinds of vegetables except cabbage, onions, cucumbers, etc. Thick, rare beefsteak, meat gravies, boiled beets with butter, fish, especially sea fish, cocoa, milk, meat soups made with the bones left in and rice, pearl barley or lentils added, make it still more valuable, but should be cooked several hours. These I have found are especially good to increase milk supply.

ANN POETON.

Nursing Among the Bohemians*To the Editor of The Trained Nurse:*

I was called on a case at a town about eleven miles from where I was located and the son of my patient came over after me in his car. The son, Frank, was well-known in business circles in our community as a clean, honest man. As we passed through the town of H——, where he lived, I began to watch the different houses and picked out, in my mind's eye, which house would be his mother's. To my surprise we stopped in front of a little, tumble-down shack of a house with a dooryard collection of rabbits, pigs, dogs and chickens. A nurse from a nearby town was there, but she had told them that she must return to an obstetric case in that town. While I was donning my uniform, the nurse cautioned me about taking my meals there and told me where I could board, and she tried to give me some idea of the amount of dirt and filth at the place, but to my sorrow, I did not think it could be as bad as she had pictured it, so did not place much credence in her tale. She left as soon as possible, although her obstetric case was fictitious. My patient was a lady sixty-five years old, and I honestly doubt if she had had a bath in all those sixty-five years. She had a uterine ulcer which had caused two severe hemorrhages. She would not consent to have any operation, so we could not do anything to remove the cause, so directed our efforts toward strengthening her. She was as pleasant and kind as she was dirty. Her two sons relieved me at night, only asking that I sleep in the room. We had everything to eat, the only trouble being that the cats and chickens usually beat us to the table and we had to eat their scraps. But the family did not seem to care; it tasted just as good to them. As my patient improved, I began to wish that I had an obstetric case or any kind of a case, just so I could get away. And I blamed myself for not believing the other nurse, as I could easily have avoided taking meals there, but having once eaten there I had to continue. The first day that we were to allow her to sit up matters reached a crisis. The cat reached the dinner table first and left its foot-marks—painted in tomato juice—all over the cloth. A pet rabbit had been hunting something in the cupboard. I received a letter from my mother that day, and so resolved to use it as an excuse to go home, which I did. I presume it was wrong in me to feign my mother's illness, but when I think of spending several more weeks there I think I would do the same thing over again. They were sorry to see me leave and the old man cried as he told me how much he thanked

me for caring for his wife. My patient soon recovered and frequently sends me messages. They were Bohemians—kind, affectionate and dirty.
R. H.

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Nurses and the Drug Habit*To the Editor of The Trained Nurse:*

In the July number there was an editorial, in which the editor called attention to a nurse who had written a letter which was read at a public meeting, in which she accused nurses of being addicted to the drug habit, and told of how nurses in hospitals gave drugs to patients without authority. I have thought this over ever since reading the article. Needless to say, *all* the nurses of my acquaintance felt very indignant at the accusation of the nurse in question. I am a graduate nurse of six years' hospital experience, and have been in two large city hospitals and one small general hospital. I want to flatly contradict the writer of that letter. It is positively untrue that nurses give any medication without a doctor's order. I have yet to meet the nurse who was so low, so beneath her profession, that she would give a patient drugs so that she could have a comfortable night's rest. In my opinion, the writer of that letter is not fit to be in charge of any one's nearest and dearest. I think the majority of the nursing profession will agree with me.

BEE DOBSON.

✠

Drying Up Mother's Milk*To the Editor of The Trained Nurse:*

I am writing to ask your readers to kindly give some of the methods most used in drying up the milk of a mother when the baby is still-born. I have always been accustomed to bandaging the breasts, rubbing in belladonna ointment, and giving salts each morning. I recently had a case for a doctor where the baby was born dead, and he would not have a bandage applied either to breast or abdomen. He said that Nature, if left to herself, would put on her own restricting and supporting bandage. He had absolutely nothing done to the breasts till the third-day, when they became full and painful. He then ordered an ice bag to be applied, cautioned against rubbing or handling the breasts or using the breast pump. The patient suffered a good deal for two days, when the pain wore away and the milk dried up as quickly or more so than under the old way. It was a new way to me and I wondered if it was generally practised or if I was behind the times in not knowing of it before.

CARRIE P.

Practical Helps*To the Editor of The Trained Nurse:*

I appreciate your magazine very much and am most interested in your "Letter-Box." I wish more nurses would give freely of their own methods and experiences, for I believe it is a great help to each of us.

For the benefit of nurses who have difficulty in keeping glass drinking tubes clean, I would advise this simple method: Take a piece of cord which is over twice as long as the tube. Tie, in center of cord, a piece of cloth or cotton that is just small enough to go into tube. Then feed one end of cord into tube and hold tube underneath a small, steady stream of water, from the water faucet, so that the end of the cord will be forced through the tube by the water. By this end the cloth can be pulled back and forth, thereby cleaning inside of tube nicely, especially if some Sapolio has been rubbed on cloth beforehand. After this the tube can be rinsed and easily disinfected. Also will suggest, for the invalid tray, the use of bowls of hot water underneath vegetable dishes and meat plate. The tray can be placed on something solid, and the taste of good hot food compensates for the heavy look of the tray.

E. J. D.

**For Menstrual Pain***To the Editor of The Trained Nurse:*

Will you ask your correspondent signing herself A. E. B., in the July "Letter-Box," to give the strength of laudanum used in a douche for cramps at the menstrual period. I, too, would like to know how "Baton Rouge" uses chloroform for the same condition. I have a sister, a business woman, who is such a sufferer that I am greatly interested.

S. N.

[We would be very glad to have Baton Rouge and A. E. B. reply to these inquiries.—Ed.]

Did She Do Right?*To the Editor of The Trained Nurse:*

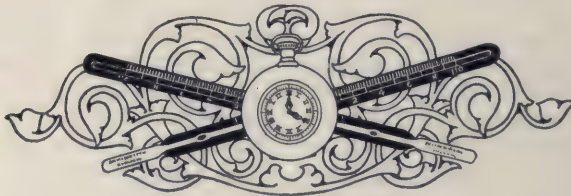
I was much interested in the question Hilda M. raises as to whether Miss S. did or did not do right in administering a hypodermic to an unconscious woman. It seems to me that circumstances alter cases a great many times; no doubt Miss S. realized the serious condition of the woman and that something must be done immediately to give the woman a chance to recover. I should say that it does not come under "practising medicine without a license" at all. No physician was present, and the woman was unconscious; it was the duty of the nurse to do all within her ability to resuscitate her. No broad-minded physician could possibly censure her for doing the best she could. We all know the public looks upon a nurse as the next help when a physician is not present, especially at such a time.

HOPE H., Washington.

To the Editor of The Trained Nurse:

I am very much interested to read the different opinions regarding Miss S. administering the strychnine to the woman who fainted on the street car. My opinion is that she did the correct thing under the circumstances, providing she called the doctor after getting to the drug store. If we graduate nurses are not allowed to do such things in emergency cases, why should we be taught how to act in emergency in our training? What would be the need to take up our training with emergency work, if we were not allowed to use it when graduated? I have found in my seven years of nursing that doctors expect nurses to do what they can for emergency cases until a doctor can arrive. Trusting there will be other nurses who will express their opinions,

A. PFENNINGER, R.N.



In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Physicians and Nurses for War

The American relief ship *Red Cross*, bearing thirty surgeons and one hundred and twenty-five nurses for foreign service, sailed from New York September 12. The medical and surgical staff, under the direction of Major Robert W. Patterson, U. S. A., is divided in units as follows: *Unit A*—Director, Dr. Reynold M. Kirby-Smith; first assistant, Dr. John A. Coletton; second assistant, Dr. M. H. Todd. *Unit B*—Director, Dr. Rhoades Fayerweather; first assistant, Dr. Lewis C. Spencer; second assistant, Dr. H. C. Slack. *Unit C*—Director, Dr. William S. Magill; first assistant, Dr. Philip Newtown; second assistant, Dr. Paul H. Pinkham. *Unit D*—Director, Dr. Robert W. Hinds; first assistant, Dr. Fred W. Eastman; second assistant, Dr. Henry M. Shaw; *Unit E*—Director, Dr. Charles MacDonald; first assistant, Dr. Russell A. Jewitt; second assistant, Dr. John C. Miller. *Unit F*—Director, Dr. Howard W. Beal; first assistant, Dr. V. N. Leonard; second assistant, Dr. William T. Fitzsimons. *Unit G*—Director, Dr. Bial F. Bradbury; first assistant, Dr. R. H. Newman; second assistant, Dr. John Lancer. *Servian Unit*—Director, Dr. Edward W. Ryan; first assistant, Dr. James G. Donovan; second assistant, Dr. William P. Ahearn.

The nurses will be under the supervision of Helen Scott Hay, with Katrina E. Hertzler and J. Beatrice Bowan assistants. The groups designated by cities are:

Boston, Mass.—Donna G. Burgar, supervisor; Margaret A. G. Hickey, Mabelle S. Walsh, Louise A. Bennett, Mary T. McCarthy, Anna Agnes Carney, Kathryn J. Ulmer, Ellen T. Riley, Anna S. Barclay, Grace K. Perkins, Frances B. Latimer.

Baltimore, Md.—Alice E. Henderson, supervisor; Mary M. Boyle, Margaret W. McGary, Florence M. Waters, Grace D. Barclay, Rebecca Watson, Sydney A. Lewis, Elizabeth W. Riffel, Helen Covey, Sarah W. Crosley, Valèti Case.

Brooklyn, N. Y.—Frances H. Meyery, supervisor; Lillian L. Halliday, Alice B. W. Weston, Sarah A. McCarron, Esther Rosenberg, Louisa E. Siegel, Margaret G. Egan, Margaret A. Pepper, and Florence Farmer.

Buffalo, N. Y.—Virginia A. Rau, supervisor; Edna Reese, Elizabeth L. Welsch, Margaret A. Strycker and Margaret Hennessey.

Chicago, Ill.—Charlotte Burgess, supervisor; Eva L. Doniat, Alice Gilborne, Alma E. Foerster, Martha A. Moritz, Anne Harsen, Edwina Klee, Gertrude G. Hard, Julia S. Schneider, Mary F. Bowman, Mary E. Hill, Charlotte Eaton, Lyda W. Anderson and Genevieve Dyer.

Cincinnati, Ohio—Elizabeth Dooley, supervisor; Mary E. Minshall, Ella Weinmann, Lulu E. Martin, Cynthia Richardson, Anna Sutter, Margaret J. Leonard, Ella Kathleen Hoff, Anna Domershausen, Bertha M. Butterfield, Margaret Bodkin, Ida Kasselberg.

Cleveland, Ohio—Alice C. Beatle, supervisor; Ava P. Mautner, Claribel Schofield, Katherine Volk, Mollie McKenney, Margaret McGuire, Minnie Bowman, Rosina Volk, Clara F. Reynolds, Nettie Eisenhard, Grace Bentley.

Manhattan (New York City)—Lucy Minnigerode, supervisor; Anna L. Reutlinger, supervisor; Mary F. Farley, Freida L. Hartman, Blanche Horner, Helen Linderman, Helen G. Northwood, Sophia V. Kiel, Rachel U. Torrance, Emogene E. Miles, Maud H. Metcalf, R. Lee Cromwell, Henrietta K. Koehlein, Mary M. A. Weiss, Laura La Force, Alice S. Gilman, Carolyn W. Bell, Bertha N. Becht, Mary A. Brownell, Dorothea Mann, Claudia M. O'Neil and Lily M. McEnany.

New Jersey—S. Louise Stone, supervisor; Hattie B. Moore, Grace Wilday, Linda K. Meirs, Margaret B. Purvis and Ellen Jane Thomas.

Philadelphia, Pa.—Margaret Lehmann, supervisor; Mary Graham, Anna E. Goertz, Faye L. Fulton, Florence M. Snyder, Anna C. Lofring, Leslie Wentzel, Agnes E. Jacobs, Mary A. Mulcahy, Mary C. McNelis, Martha L. Henderson and Emma B. Loose.

Rochester, N. Y.—Jessie T. Parsons, supervisor; Elizabeth Weber, Adeline Thomas, Eleanor M. Scott, Minnie Mason.

Washington, D. C.—Reba J. Taylor, supervisor; Clarice Buhman, Harriet P. Hankins, Helena A. Fitz.

Those making up the Servian unit are Misses Mary E. Gladwin, Akron, Ohio, supervisor; Helen L. Kerrigan, Mary F. Keller, Esme Everard and



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PHYSICIANS AND RED CROSS NURSES WHO SAILED ON THE RELIEF SHIP—MAJOR PATTERSON, MISS DELANO, AND MISS HAY IN CENTRE



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RELIEF SHIP "RED CROSS"

Helen L. Smith, Brooklyn; Anna Hirsbrunner, Ida F. Luck and Agnes J. Gardner, New York; Augusta M. Condit and Nellie F. Steel, Columbus, Ohio; Stella M. Hall, Albany, N. Y., and Lucy D. Bartram, Waterbury, Conn.

These nurses are for hospital service only, and will not render service on the field of battle.



Spanish-American War Nurses

The Spanish-American War Nurses held their fifteenth annual convention at Detroit, Mich., September 1 to 4. The following officers were elected for the coming year: President, Miss Harroun; vice-presidents, Miss McCloud, Miss Buckley, Miss Lyons, Mrs. Epps, Dr. Hughes, Miss Walton, Miss Hibbard, Mrs. Nielson, Miss Harris and Miss Hewitt; corresponding secretary, Miss Craig; recording secretary, Miss King; treasurer, Miss Charlton.

Among the many social events was a luncheon at the Hotel Tuller, at which the guests of honor were Mrs. Price, a Civil War nurse, Miss Carson and Miss Aikens. A tea was given by the Michigan Graduate Nurses' Club at their new club house through the courtesy of Miss Van De Water, superintendent. Here the members had the opportunity of meeting Mrs. Fanny Wilde McEvoy, the aged Nightingale nurse, to whose

support nurses have so generously contributed. There was also a delightful picnic tea at Belle Isle where the members were the guests of Miss Aikens.



Switzerland Is in Want

The following appeal is being issued in behalf of Switzerland:

"Switzerland, America's little sister republic, is asking for help! Her foremost appeal is directed to all her children who are enjoying the peace and prosperity of this blessed land, but it is also directed to the vast numbers of generous-hearted Americans whose sympathy and friendship she has gained in years gone by.

"While Europe's great powers are engaged in the most unfortunate war the world has yet witnessed, little Switzerland has mobilized her entire army of nearly 300,000 men; not to strike, nay, but to enforce and defend her neutrality.

"Switzerland, whose hospitality so many nations have enjoyed, and whose generous kindness to stranded American tourists has in these days of turmoil received unanimous praise, faces now one of the gravest financial problems. Three hundred thousand men are at the front. The rich harvests have to be looked after by the aged and by women and children. Trade and industry,

which are in times of peace a bountiful source of revenue for the country, are at a complete standstill, and thousands and thousands of families who are now deprived of the support of their breadwinners, are without the bare necessities of life.

"Switzerland, the mother country of the Red Cross, has with her magnanimous offer to become the hospital of the warring nations more than proven her worth. Listen to her distress call and help the courageous little land to overcome the great trial which has been thrust upon her through no fault of hers.

"Help is needed quickly! Switzerland, whose glorious fight for liberty is related from generation to generation—Switzerland, the garden of Europe, requires your assistance. Open your hearts to her appeal and send us whatever contribution you can spare.

"All contributions, also requests for subscription lists, to be sent to Swiss Relief Fund, 241 Fifth Avenue, New York City."



Double White Cross

Aid is asked for a new organization known as the Double White Cross.

This society, which is not to be confused with the Red Cross, because the purposes are different, originated in Belgium since that little country became a battleground for the European war. Henry Albert Johnson, American consul at Ostend, described it in a cable despatch to the State Department.

The Double White Cross is international and neutral, without treaty recognition as yet, but already looked upon by the warring nations as of great worth. The workers of this society do not go upon the battlefields, but they find their work among the homes that have been wrecked by cannon and death.

The Burgomaster at Ostend asked Mr. Johnson to issue an appeal to the American people for funds to aid in the work. He said the organization, since it was new, was sorely in need of money, and urged the taking of subscriptions so that the work might be extended.

Queen Elizabeth of Belgium is doing Red Cross work and will not leave Antwerp, refusing to give up the work she loves to do because of the danger of a siege. While she was in Brussels, after she had sent her thirteen-year-old son to the war with his father, she gave up her home as a hospital, and she and her two young children did general work in the wards. Princess Marie Josie goes out among the people twice every day, to cheer them up and give them confidence.

But these are the royal women, the very few, who are bound to be brave.



Archduchess as Nurse

The Emperor of Austria has given permission to the Archduchess Maria Theresa to serve as a nurse under the auspices of the Red Cross.



Medals from Greece

The following English nurses have received medals from Queen Olga of Greece, for services in the Greek and Turkish and Greek-Bulgarian wars, 1912-1913: Miss Davidson, Miss Cowie, Miss Scott, Miss Gordon, Miss Green, Miss Bell, Miss Jackson, Miss Sloan, Miss Gorseman and Miss Masson.



Connecticut

The C. T. S. Alumnae Association for Nurses met on September 3 at the usual time and place, with a nominal attendance, the president, Miss Barrow, in the chair, and the new secretary, Miss Churchill, read the minutes of the June meeting. Routine business was attended to and adjournment took place, after voting to accept invitation for October meeting at Visiting Nurses Day Camp, Lion Park, West Haven.



New York

The alumnae of the Nurses' Training School of the City Hospital, Binghamton, N. Y., feel that they are being discriminated against because the trustees have not considered them in appointing graduate nurses to posts in the hospital. On July 30 a largely attended meeting was held, at which the nurses drew up resolutions protesting against what they feel to be unjust treatment. The resolutions read as follows:

WHEREAS, It has come to our attention that there is a number of salaried positions held at the Binghamton City Hospital by graduate nurses, but that not one of them is held by a graduate of said institution, be it

RESOLVED, That a copy of these resolutions be transmitted to the board of trustees of the City Hospital, trusting that your sense of fairness will right this injustice and that you will agree with us that the success of our alma mater depends in a large measure upon the suitable recognition by your board of the fact that its graduates are amply qualified to fill such positions, and assuring you of our continued loyalty to our alma mater, we are respectively yours,

MRS. RAYMOND O'BRIEN, President.

MISS MYRTLE FORKER, Secretary.

.....Pa.

Gentlemen:—

I wish to thank you for the sample of Fellows' Hypophosphites received some two months ago. I think it is rather a late date for saying thank you, but I have been the patient and I have not only taken your sample but two large size bottles since, and am still taking it. The advertisement stands out very prominently on the cover of "The Trained Nurse", and I am sure it brings you results, even though you may not know of every instance.

I have been suffering from nervous prostration for the last eight months, but trust that I will be able to return to..... to resume my work by the first of the year. I am sure your tonic has aided my recovery, and for your encouragement I wish to add that I will gladly recommend FELLOWS' SYRUP whenever I possibly can.

Very appreciatively yours,

.....
Registered Nurse.

August 18th, 1914.

To the Fellows Medical Manfg. Co., Ltd.

This is but a sample of the many commendatory letters we constantly receive from Members of the Nursing Profession regarding their experience with and the efficacy of

FELLOWS' SYRUP

TRY IT!

Samples sent upon request to

The Fellows Medical Manfg. Co., Ltd.

26 Christopher Street, New York

Miss Theodore Lefebvre and members of the board claim that no such discrimination is shown.



Delaware

A meeting of the Graduate Nurses' Association of Delaware was held at Rivercroft, Claymont, the home of Mrs. Estelle Hull Speakman, the president of the association. At the meeting three interesting letters were read and an address on "Neuritis" was delivered. The letters were one from the National League of Nursing Education, one from the American Association for the Study and Prevention of Infant Mortality, and one from the Ohio State Association of Graduate Nurses.



West Virginia

The ninth annual meeting of the Graduate Nurses' Association of West Virginia and the fifth annual meeting of the Superintendents of Training Schools for Nurses of West Virginia, were held at Wheeling, September 1, 2, 3, 4, with the following program:

SUPERINTENDENTS' MEETING

Hotel Windsor—Tuesday, Sept. 1, 10 A.M.—Opening prayer, Rev. Jacob Brittingham; address for president of Superintendents' Society, Mrs. H. C. Lounsbury; address, Mrs. Lena A. Warner, president of Tennessee Board of Examiners of Nurses.

Hotel Windsor—2 P.M.—Address, Dr. L. D. Wilson; paper, Some Present-Day Standards in Schools for Nurses and How Best Maintained, Mrs. Jennie M. Fontaine, principal school, Ohio Valley General Hospital; discussion of paper led by Miss Bessler, Charleston; curriculum read by Mrs. Susan Cook, delegate to St. Louis, American Nurses' meeting.

Ohio Valley General Hospital—8 P.M.—Reception by the Woman's Hospital Association of Ohio Valley General Hospital.

Meeting of the Graduate Nurses' Association, Wednesday, Sept. 2, Hotel Windsor—10 A.M.—Opening prayer, Rt. Rev. Bishop P. J. Donahue; address of welcome, Hon. H. L. Kirk, Mayor of Wheeling; response, Miss O'Grady, Charleston; report of secretary-treasurer, Mrs. R. J. Bullard; reports of county associations; recess for luncheon.

Hotel Windsor—Tuberculosis Afternoon, 2 P.M.—The Tuberculosis Nurse, Miss Stella Tappan; State Work in Terra Alta, Miss Feely; Sanitation in Rural West Virginia, Dr. Harriet B. Jones, Glendale; Value of Tuberculin and Lymphs in Tuberculosis, Dr. John W. Gilmore.

Hotel Windsor—8 P.M.—Banquet for the Visiting Nurses; hostesses, Ohio County Graduate Nurses' Association.

Thursday, Sept. 3, Ohio Valley General Hospital—10 A.M.—Address, Mrs. Lena A. Warner, president of Tennessee Board of Examiners of Nurses; demonstration, The Teaching of Practical Nursing, Miss Harriet M. Phalen, assistant principal and instructor, Ohio Valley General Hospital; visiting nurses conducted through the hospital; recess for luncheon.

Hotel Windsor—2 P.M.—Address, Miss Jennie Quimby, president Ohio County Graduate Nurses' Association; paper, School Work in Wheeling, Miss Clara Ross; paper, Prevention of Blindness, Miss Carolyn Van Blarcum, New York, read by Mrs. Susan Cook; paper, Public Welfare and Emergency, Miss Pressie L. Reed; Practical Application of the X-Ray and Exhibition of Plates, Dr. W. A. Quimby; paper, Miss Catharine Moriarty, Wellsburg; paper, Florence Nightingale, read by Mrs. R. J. Bullard.

4 P.M.—Red Cross Chapter meeting and informal reception.

Wheeling Hospital—7.30 P.M.—Visiting nurses conducted through hospital; informal reception by Sisters in charge.

Friday, Sept. 4, Hotel Windsor—10 A.M.—Prayer, Rev. W. S. Dysinger; paper, The Trained Nurse in Preventive Medicine, Dr. S. L. Jepson; paper, Massage, Mrs. M. J. Steele, Charleston; paper, Dr. Wingerter.

The following officers were elected: President, Mrs. H. C. Lounsbury, Charleston; first vice-president, Mrs. Susan Cook, Bridgeport, Ohio; second vice-president, Miss Katherine Moriarty, Wellsburg; secretary-treasurer, Mrs. R. J. Bullard, Martins Ferry, Ohio; delegate to San Francisco, Mrs. H. C. Lounsbury; alternate, Mrs. R. J. Bullard; delegate to Federation of Women's Clubs, Miss Margaret P. Grady. The amended constitution and by-laws were accepted. Place of meeting next year, Elkins.



Illinois

The eighth annual graduating exercises of Monmouth Hospital Training School for Nurses were held Tuesday evening, May 26, 1914, at the Baptist Church. The stage was decorated with cut flowers and ferns and presented a beautiful appearance. At eight o'clock the graduates took their places, ushered to the platform by the superintendent and senior class. The address to the class was delivered by Rev. Clyde Matson. Dr. R. W. Hood, president of the board of directors, presented the diplomas to a class of six. Miss

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On the following evening, May 27, a reception and dinner to the graduates was given at the Commercial Club rooms by members of the hospital staff. A bountiful dinner was served, after which toasts were given and papers by Drs. Sherrick and Unkrich, also Miss Olive Huey, of the graduating class, and a word from the superintendent, Miss Johnson. Miss Elizabeth Proctor, ex-superintendent, who had resigned in February on account of ill health, was a welcome guest at the banquet. She gave a word of advice to the senior class, her best wishes to the graduates and greetings to the staff. Miss Proctor's resignation was regretted by all, for she was an efficient superintendent, and her untiring helpfulness was appreciated by doctors, nurses, patients and friends.



Iowa

It is necessary that all nurses who wish to practise nursing in the State of Iowa to register as soon as possible, as registration in that State is compulsory. The following letter is being sent out by the State Board:

"To the Nurses Not Registered in Iowa:

"You are hereby notified that the next examination for Nurses will be held at the office of the secretary, Capitol Building, Des Moines, Iowa, October 13, 14, 15, 1914, commencing at 9.00 o'clock A.M. Applications properly executed, together with diploma and fee of five dollars (\$5.00) must be filed with the secretary at least two weeks prior to date of examination, and you are expected to appear in your uniform for the practical examination. This notice is being sent to you upon the advice of the Attorney General of Iowa, and in order that you may avail yourselves of the next opportunity to comply with the provisions of the law.

"Please be prompt in sending in your application, etc., as above directed. The names of all registered nurses will be published in pamphlet form for distribution, and we shall be pleased to include your name in the list as soon as you have obtained registration."

The portion of the Iowa law applying to this is: "On and after the taking effect of this Act, no person except one holding a certificate under Chapter 16-D of title 12, supplement to the code, 1907, as amended, shall advertise to be, or assume or use the title of registered or graduated nurse, or use the abbreviations R.N., or G.N., or any other figures or letters to indicate that the person

using the same is a registered or graduated nurse; and it shall be unlawful for any nurse to practise nursing as registered or graduated nurse within this State without having first registered as provided in Chapter 16-D, title 12, supplement to the code, 1907, as amended by this Act."



Montana

STATE BOARD EXAMINATION

Nursing Ethics—1. What is your definition of the term professional ethics? 2. Would you nurse for a physician whom you knew was guilty of unprofessional conduct? If not, what reason would you give the physician and family for refusing? 3. What benefit do you derive from being allied to any nursing organization which has as its aim the elevation of standards of nursing? 4. Would you report any gross misconduct on the part of a nurse whose name appeared on the same registry as your own? 5. If called to nurse in a hospital, either in special or general work, what would be your attitude to the nurses in training? 6. Would you consider yourself governed by the rules of the school? 7. If called on a private case to assist a nurse and you were preferred, what would you do? 8. What do you mean by loyalty to your physician?

Home Sanitation and Nursing—1. Mention some places and things about a home especially important to keep clean, and how kept so. 2. What sanitary precautions would you use in nursing typhoid in a country home? 3. What is usually understood by the term "contagious diseases"? 4. Mention three symptoms of scarlet fever other than the rash and describe them. 5. What are the special adverse symptoms to be watched for in diphtheria, and their significance? 6. Give some important particulars in the nursing of diphtheria and state why necessary. 7. What three complications in typhoid are indicated by an increase in the rate and decrease in the strength of pulse? 8. What are the adverse symptoms and conditions to be watched for when nursing pneumonia? 9. What can you do to relieve a child in a severe paroxysm of coughing? 10. How often should the air in the room be entirely changed?

Anatomy—1. (a) Give two uses of the vertebral column. (b) Number of bones it contains. 2. Name four distinct tissues of body. 3. (a) Locate diaphragm, deltoid, pectoral. (b) Name two kinds of muscle and give example of each. 4. Name the largest gland in the body and its function. 5. Define: elimination, efferent, atrophy, edema, dyspnea. 6. Name the special senses. 7. Give three uses of the skin. 8. From what parts does the inferior vena cava receive its blood supply? 9. Name divisions, in order, of alimentary canal. 10. Locate the following: pleura, peritoneum, pericardium, periosteum.

Physiology—1. Name the digestive juices. 2. How is the food forced through the alimentary canal? 3. (a) What is the specific gravity of normal urine? (b) Normal amount secreted in twenty-four hours? 4. What is the function of the red blood corpuscles? 5. Describe a ball and socket joint. What is the use of the synovial fluid? 6. What is the capacity of the stomach?

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7. Name bones of the arm. 8. How many bones in the skull? 9. (a) What is the state of contraction of the heart called? (b) What is the state of dilatation called? 10. Define capillary.

Gynecology—1. Define gynecology. 2. Name organs contained in pelvic cavity (female). 3. Name several reasons for giving vaginal douche. 4. What are the important points to be observed in giving douches? 5. What are the usual methods pursued for the examination of a patient suffering from gynecological diseases? 6. What preparation of patient is necessary for such examination? 7. Define trachelorrhaphy, salpingitis, ovariectomy, curettage. 8. What would you do in case of hemorrhage from the uterus? 9. Define menstruation, puberty and menopause. 10. Define menorrhagia, amenorrhea and dysmenorrhea.

Surgical Nursing—1. What unfavorable symptoms would you watch for following an operation? 2. What would you do for a patient suffering from extreme shock following an operation? 3. What are the symptoms of fracture of the limb? 4. What may a nurse do for a compound fracture before the arrival of the surgeon? 5. What are the purposes of putting a patient in Fowler's position? 6. Describe best method of placing patient in Fowler's position. 7. In the case of a severe burn, what precaution would you use in removing the clothing? 8. What is hypodermoclysis? How would you arrange where no regular apparatus was to be had? 9. How are wounds infected? 10. Name four points to be remembered when placing patient on operating table.

Materia Medica—1. What is the dose of tr. digitalis; strychn. sulph.; morph. sulph.; atropine sulph.? 2. (a) How should the skin be prepared before applying cantharides blister? (b) How large a blister would you apply? 3. How much bichloride of mercury would you use to make oz. 32 of 1-1000 solution? 4. Transpose following: 1000 cc. to pts.; 30 cc. to oz.; 0.002 gram to grain. 5. Give apothecaries' fluid measure and designate by symbols. 6. Define: narcotic, diaphoretic, antipyretic, sedative. 7. How would you prepare and give a hypodermic of strychn. sulph. gr. $\frac{1}{120}$ from tablets of gr. $\frac{1}{60}$? Atropine $\frac{1}{100}$ from tablets of gr. $\frac{1}{100}$? 8. (a) Name two preparations of iron. (b) What is the physiological action of iron? (c) When should iron be given, a.c. or p.c.? Why? 9. Name principal drug in the following preparations: Fowler's solution, laudanum, Basham's mixture, blue ointment, Dover's powder. 10. Name four ways of administering drugs.

Obstetrical Nursing—(Rating on 5 out of 7 questions. First two questions must be answered, and any three out of remaining five.) 1. For obstetric case in private house describe briefly preparation of: (a) Patient. (b) Bed. (c) Room. What would you have in readiness for doctor, patient and child? 2. (a) What are the symptoms of post-partum hemorrhage? (b) Give the means you would employ to control such hemorrhage until arrival of doctor. 3. What care would you give a child during its first twenty-four hours of life? 4. (a) When in charge of an obstetric patient, at what stage do you consider it necessary to practise strict asepsis and antisepsis? (b) Which do you consider an obstetric case, medical or surgical? Giving reasons. (c)

Under what circumstances would you feel justified in refusing an obstetric case? 5. (a) What expedients would you try to help a patient urinate and thus avoid use of catheter? (b) Give method of catheterization. 6. Define primipara, puerperal fever, parturition, lochia and colostrum. 7. (a) What is pregnancy? (b) Give a rule to determine its probable duration. (c) What organ do you consider requires careful watching during pregnancy?

Diseases of Children—(Rating on 5 out of 7 questions.) 1. What are the common complications of scarlet fever and of measles? Give nursing care of a case of scarlet fever. 2. (a) What is rickets? (b) What care should a child suffering from rickets receive? 3. How would you treat a child in convulsions until physician arrived? 4. How would you secure a specimen of urine of a patient under a year old? 5. Give care of intubation case. 6. How would you give a child five years old a nasal irrigation, an enema and a cold pack? 7. (a) Give rule for determining dosage for a child. (b) What drugs are not well borne by children?



Personal

Miss Mary H. Paterson, for the past eight years superintendent of the Newport Hospital, R. I., has resigned that position on account of ill health. Last fall she suffered a serious breakdown, and was granted a prolonged leave of absence, but since returning from her vacation she has deemed it wise to tender her resignation. Miss Paterson is a graduate of the Training School for Nurses connected with the Rhode Island Hospital in Providence.

Miss Bass, superintendent of the Queen Mary Hospital at Weston, Ontario, Canada, has accepted the position of superintendent of the Mowat Memorial Hospital, Kingston.

Mrs. Lingenfelter, the very efficient superintendent at the Peekskill Hospital, New York, is back again at her duties, after a vacation spent at her home in Auburn, N. Y.

Miss Mary Delaskey, assistant to the superintendent of nurses at the City Hospital, Providence, R. I., has resigned to become the head of the infectious division of the Rochester General Hospital at Rochester, N. Y. With Miss Delaskey will go Miss Wayne, formerly on the staff of the City Hospital, who will act as Miss Delaskey's assistant.

Miss Kathryn Hehir, graduate nurse of the Bridgeport (Conn.) Hospital, Class of 1910, has received the appointment of superintendent of the Emergency Hospital, Bridgeport.



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Winter Class opens January 20th, 1915

Spring Class opens April 7th, 1915

INSTRUCTORS:

J. Madison Taylor, A. B., M. D. (Univ. of Penn.; Assoc. Prof. of Non-pharmaceutic Therapeutics, Med. Dept., Temple Univ.)

Daniel M. Hoyt, M. D. (University of Pennsylvania.)

Howard A. Sutton, M. D. (Instructor Univ. of Penna.)

Eldridge L. Eliason, M. D. (Instructor Univ. of Penna.)

Fred D. Weidman, M. D. (Instructor University of Pennsylvania and Woman's Medical College.)

B. B. Vincent Lyon, M. D. (Johns Hopkins University; Bacteriologist and Pathologist to German and Methodist Hospitals, etc.)

Wm. Erwin, M. D. (Hahnemann and Rush Med. Col.)

S. B. Harris, M. D., D. D. S. (Medico-Chirurgical College.)

Max J. Walter, M. D. (Univ. of Penn.; Royal Univ. Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mt. Sinai, and W. Phila. Hosp. for Women, Phila. General Hosp. [Blockley], Cooper Hosp., etc.)

Tyra Gawnius. (Royal Gymnastic Central Inst. and Dr. Arvedson's and Dr. Kjellberg's Inst. Stockholm, Sweden.)

Lillie H. Marshall, M. Schmidt
Edith W. Knight, M. E. Stevenson } Penna. Orth. Institute.

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Miss Grace Featherstone, head nurse of the Havre de Grace Hospital, Maryland, for the past several years, has resigned and will be succeeded by Miss M. E. King.

Miss Blanche M. Thayer, of New York, will assume the position of directress of nurses at Memorial Hospital, Richmond, Va., on October 1. Miss Thayer has been connected with Lincoln Hospital, New York City. She is a graduate of the Massachusetts General Hospital for Training Nurses.

Miss Margaret T. Neidig, a graduate nurse of the Presbyterian Hospital, Philadelphia, has been appointed night supervisor at the Harrisburg Hospital, to succeed Miss Edna Overill, who resigned to take up private nursing.

Press reports from Paris state that Miss Palma C. Hansen, a graduate nurse of the Long Island College Hospital, has turned her apartment across the river into a nursing school, giving free lessons in tying on bandages. She has had many pupils. Another graduate of the Long Island College Hospital in 1901, Mrs. Adelia P. Sloog, whose maiden name was Moore, has volunteered as a nurse rather than leave Paris.

Miss Violet Dobson, graduate of Grace Hospital, New Haven, Conn., who went to Scotland this summer with Miss Daisy Ferguson, a nurse in training at Grace Hospital, did not return to this country with Miss Ferguson, but remained for nursing service in the British army.

Miss Margaret Hill, formerly of the Highland Hospital, Fall River, Mass., has been engaged as superintendent of the Wing Memorial Hospital, Palmer, Mass.

Miss Agnes D. Randolph, who for more than a year has been superintendent of Memorial Hospital, Richmond, Va., has tendered her resignation. Miss Alice Ryland, who was assistant to Miss Randolph, and who came to the Memorial from the Retreat for the Sick, has also tendered her resignation. Miss Alice Churchill, the dietitian, who has been with the Memorial for some time, has tendered her resignation.

Miss Mary Lynette Powell, a graduate nurse of the University Hospital, Philadelphia, has gone to Belgium with the British Red Cross.

Miss Thora Petersen Heilskov, Washington, D.C., a graduate of Dr. Clod-Hansen's Orthopedic Institute, Copenhagen, Denmark, also a post-graduate of the Pennsylvania Orthopedic Institute, Philadelphia, has been engaged to take charge of the hydriatic department at the Piedmont Sanatorium, Atlanta, Ga.

Miss Anna Johnson, of Wesley Hospital, Chicago, Ill., has accepted the position of superintendent of Monmouth (Ill.) Hospital, made vacant by the resignation of Elizabeth Proctor.

Miss Grace M. Seyter has resigned her position as city visiting nurse of Corning, N. Y., to accept a position at the General Hospital, Rochester, N. Y.

Miss Irene Sumner, of Philadelphia, Pa., volunteered her services to the Belgian Red Cross, and was straightway ordered to the Continent.



Marriages

On August 15, 1914, at the summer home of the bride's parents, West Harwich, Mass., Emma Florence Park, a graduate nurse of the Worcester City Hospital, Class of 1911, to Dr. Herbert Franklin Gerald, who received his degree at Tufts College, now of Omaha, Nebraska.

On June 20, 1914, at New York City, Luwella M. Moffett, graduate nurse of the Gowanda State Homeopathic Hospital, Collins, N. Y., Class of 1911, and post-graduate of Bellevue Hospital, to James Koppel.

On August 26, 1914, at Cheyenne, Wyoming, Gladys M. Eddy, of Boone, Iowa, to Frank L. Bowers, of Way, Idaho. Mrs. Bowers is a registered nurse, and was formerly in private practice in Sioux City. Mr. and Mrs. Bowers will reside on a ranch at Way, Idaho.

On September 1, 1914, at Philadelphia, Pa., Hermione Graupner, of the operating room staff of nurses of the City Hospital, Binghamton, N. Y., to Mr. Kerr, of Milwaukee. The bride was the recipient of many gifts presented to her by representatives of different departments at the institution, at a farewell party held in the Nurses' Home July 31. Among these presents were a set of orange spoons, the gift of the nurses, and a silver tea set, the gift of the medical staff. A copy of a set of resolutions expressing regret at the departure of Miss Graupner, passed at a

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recent meeting of the board of managers, was presented to her by a member of the board.

On August 20, 1914, at the home of the bride's parents, Augusta, Ill., Myra Palmer, a graduate nurse of the Galesburg (Ill.) Hospital, to Clarence Highlander, of Galesburg. Mr. and Mrs. Highlander will make their home in Galesburg.

On August 25, 1914, at St. Paul's Catholic Church, Norwich, N. Y., Julia Divine, a graduate nurse of St. Luke's Hospital, Utica, N. Y., to Thomas J. Aldcorn.

On August 24, 1914, at Rochester, N. Y., Alicia Maloney, a member of the senior class of the Rochester Homeopathic Training School for Nurses, and Dr. Joseph A. Stackhouse, of Erie, Pa. Dr. and Mrs. Stackhouse will make their home at Erie, Pa.

On August 14, 1914, at the home of the bride's sister, Mrs. B. F. Wellington, San Francisco, Cal., Sarah Pearl McCloud to Charles Harper Munro. Mr. Munro is on the engineering staff of the Guggenheim mining interests.

On August 4, 1914, in the rectory of St. Charles Church, Pittsfield, Mass., Edna D. Palmer, of Philmont, N. Y., and a graduate nurse of Hillcrest Hospital, Pittsfield, to William F. Downes. Mr. and Mrs. Downes will make their home in Pittsfield.

On July 30, 1914, in the chapel of the Soldiers' Home, Bath, N. Y., Anna Cahill to James A. Fagan, chief nurse at the hospital of the State Soldiers' Home.

On August 27, 1914, at the residence of the Rev. Dr. W. W. Dawley, the officiating clergyman, Syracuse, N. Y., Mae F. McGuigan, a graduate nurse of the Hospital of the Good Shepherd, to Herbert D. Roberts. Mr. and Mrs. Roberts will live in Syracuse.

On June 25, 1914, Cecil O. Coursey, a graduate nurse of Monmouth Hospital, Monmouth, Ill., to Alfred L. Brown. Mr. and Mrs. Brown will make their home at Smithshire, Ill.

On September 1, 1914, at New Haven, Conn., Alpha Grace Hafer, Class 1911, C. T. S., to Lieut. A. Trood Bidwell.

On September 1, 1914, at New Rochelle, N. Y., Amy A. Armour, superintendent of the New Rochelle Hospital, to Dr. Charles A. Smith. Dr. and Mrs. Smith will be at home after October 1, 301 Huguenot Street, New Rochelle.

On September 2, 1914, Anna Ruthford Bishop, graduate nurse of St. Francis Hospital, Pittsburgh, Pa., class of 1914, to Emil Bowman. Mr. and Mrs. Bowman will make their home in Pittsburgh.



Deaths

On August 3, 1914, at New York City, Mrs. Elizabeth E. G. Bulmer Boyd, wife of Dr. William Ballantine Boyd. Mrs. Boyd was a graduate nurse of the Presbyterian Hospital, New York City, Class of 1909.

On August 20, 1914, at St. Clair, Pa., Mary Geary, a graduate nurse of the White Haven (Pa.) Hospital.

On August 21, 1914, at Saranac, N. Y., of tuberculosis, Mayme Schweikert Guion, graduate nurse of the Gowanda State Hospital, Collins N. Y., Class of 1906, and Polyclinic Hospital, New York City. Mrs. Guion is survived by her husband, Clement Guion, and a son one year old.

At the Protestant Hospital, Ottawa, Ont., Minnie E. Taylor, a graduate nurse of the City Hospital, Holyoke, Mass., Class of 1900.

On August 28, 1914, at her home at Bridgeport, Conn., Mrs. Agnes Cecilia Swarthout. Mrs. Swarthout was, before her marriage to John Henry Swarthout, Miss Cecilia Maguire, a graduate nurse of the New Haven Hospital.

On July 9, 1914, at Orangeville, Pa., of pneumonia, Mrs. O. Z. Low. Before her marriage Mrs. Low was Mabel Egbert, graduate nurse of the Philadelphia Lying-In Charity Hospital, Class of 1904.

Mary A. Campbell, a graduate nurse, lost her life by the sinking of the ship Admiral Sampson off Seattle, August 28. Miss Campbell was making her first trip in the capacity of stewardess.

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Phosphates of Calcium, Sodium, Magnesium, Potassium
and Iron.

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Providence, R. I.

Book Reviews

General Nursing. By Eva C. E. Lückes, Lady of Grace of the Order of the Hospital of St. John of Jerusalem in England; Matron to the London Hospital.

As this is the ninth edition of this ever-popular work on nursing, it is perhaps only necessary to speak of the new features in the present volume which merit attention.

A chapter on Ventilation has been contributed by Prof. Leonard Hill and Mr. R. A. Rowlands; Professor Bulloch, the author states, has helped her to bring the chapter on the Nursing of Infectious Diseases in accord with modern teaching; Mr. Paul Fildes has written the information on Salvarsan treatment, and Mr. T. W. Lister that on the Nursing of Ophthalmic Cases, and Dr. Theodore Thompson contributes the chapter on Blood Cultures and Blood Pressure. Miss Lückes also expresses her indebtedness to her assistants and to many of her sisters for the help they have afforded her with regard to the existing methods of technical nursing which prevail in the wards of the London Hospital today, and she specially testifies to the invaluable help of her senior assistant, Miss Beatrice Monk. In commenting on this the *Nursing Mirror*, of London, England, says:

"This is characteristic of the author, who invariably throughout her strenuous career has taken pains to recognize the labors of her staff and of all who have in any way helped to lighten her burden. But, of course, the primary value of the book is due to the author's own treatment of her subject, which has rendered it an acknowledged standard work in all parts of the world. In her introduction Miss Lückes observes that the years which have elapsed since she wrote the striking preface to the second edition of her book have but served to confirm the conviction then expressed that something more than sound technical knowledge is required to make a nurse. She naturally does full justice to the practical efficiency to be gained in discharging the technical duties of a trained nurse in the London Hospital itself. But she insists, as she has always insisted, on the fact that 'if a nurse is to be worthy of her calling, her work must be inspired with the right

spirit of nursing, *i.e.*, of active sympathy with suffering, manifested by unwearied kindness and unselfish devotion to the patients entrusted to her care.' It is very encouraging to learn on such indisputable authority as that of Miss Lückes, 'that multitudes of highly trained nurses continue to cherish this ideal and freely acknowledge that the best reward of serving others is summed up in the words of Mrs. Barrett Browning:

" 'Thy love
Shall chant itself its own beatitudes,
After its own life working. A child-kiss
Set on thy sighing lips shall make thee glad;
A poor man served by thee shall make thee rich;
A sick man helped by thee shall make thee strong;
Thou shalt be served thyself by every sense of
service which thou renderest.' "



The Source, Chemistry and Use of Food Products.
By E. H. S. Bailey, Ph.D. With seventy-five illustrations. Price, \$1.60 net.

Although the writer of this work fully realizes the immense field covered by the title "Food Products," nevertheless he has made the attempt to bring together in one volume of convenient size the more important facts in regard to that which we eat and drink. The general principles of food production, manufacture and preparation are treated in such a way that the reader may have a practical knowledge as to what constitutes a good food and where it is obtained.

This book will be found sufficiently complete to serve as a text for students of foods in colleges and schools, and to properly supplement and give more completeness to the ordinary courses in "Preparations of Food," "Selection and Economic Use of Food," and "Dietetics."



Health Through Diet: A Practical Guide to the Uric-Acid-Free Diet. Founded on Eighteen Years' Personal Experience. By Kenneth G. Haig, L.R.C.P. Lond., M.R.C.S. Eng. 227 pages. Price \$1.25 net.

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For dressing wounds and for use in sick-rooms it is indispensable. It weighs less than a pound, and when not in use or when traveling can be folded into a toplike ball, which can easily be carried in a handbag. The price is \$2.00, prepaid, by parcel post. It is made by the T. N. Wallace Novelty Company, 18-20 East Forty-first Street, New York, who will gladly send descriptive matter.



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If you do not know Synol, write to Johnson & Johnson, New Brunswick, N. J., for a sample, which they will gladly send.



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Did you know that it was possible to secure a ready-to-wear uniform—perfect in fit, style, material and workmanship—at a cost less than to have it made to order? Possibly not, but it is so, nevertheless, and what is of greater importance, is the fact that you save the time and

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Sulpho-Nathol keeps the bathroom clean and pure and sweet. The floors and woodwork, especially around the closet bowl, should be scrubbed and the solution poured down the bowl. This keeps the pipes clean, destroys germs and prevents unpleasant odors.

Table of Contents

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	PAGE
CALIFORNIA AND THE EIGHT-HOUR LAW.....	<i>Anne A. Williamson, R.N...</i> 257
THE YOUNG WOMAN WHO WANTS TO BE A NURSE.....	<i>Minnie Goodnow, R.N...</i> 266
NURSING IN THE HOMES OF PEOPLE OF MODERATE MEANS..	<i>Anna Louise Davis..</i> 270
OUR LAST DAYS IN ENGLAND.....	<i>Annette Fiske, A.M...</i> 274
THE NURSING OF CHILDREN.....	<i>Zula Pasley, R.N...</i> 278
WHAT A PUPIL NURSE SHOULD KNOW WHEN SHE LEAVES THE OPERATING ROOM	<i>Amy A. Armour, R.N...</i> 281
DEPARTMENT OF PUBLIC WELFARE.....	285
EDITORIALLY SPEAKING.....	287
THE HOSPITAL REVIEW.....	291
THE EDITOR'S LETTER-BOX.....	297
IN THE NURSING WORLD.....	299
STATE EXAMINATION QUESTIONS (ILLINOIS).....	306
BOOK REVIEWS.....	314
NEW REMEDIES AND APPLIANCES.....	316
THE PUBLISHER'S DESK.....	320

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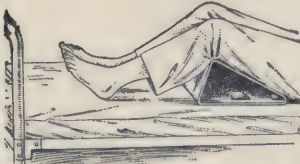
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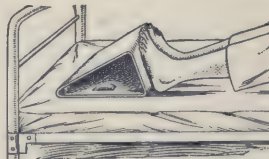
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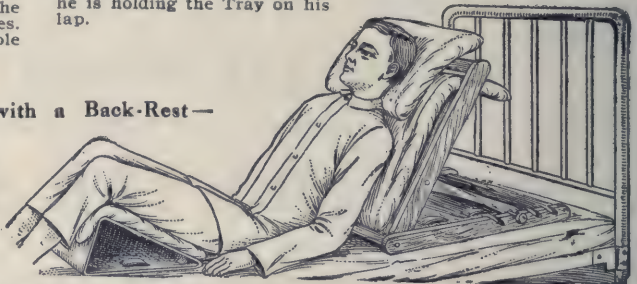
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The Trained Nurse and Hospital Review

VOL. LIII.

NEW YORK, NOVEMBER, 1914

No. 5

California and the Eight-Hour Law*

ANNE A. WILLIAMSON, R.N.

Superintendent of Nurses, California Hospital, Los Angeles, Cal.

ON THE statute books of California has been placed a law which presents the most serious problem that has ever confronted the American training schools for nurses, stubbornly fought from the time of its conception down to the final scene, when its advocates gained the victory by the signing by Governor Hiram Johnson. It gained in notoriety and strength—as a snow-ball gains as it is rolled about—until now it is pointed to by the would-be reformers as a monument to the chivalry and the generosity of the people of California. The history of this famous law we may know, the administration of the law we may know, but what it will do for the pupil nurse and what it will mean to the graduate nurse who receives her training under such a handicap as this law provides, only time will tell.

California seems to believe that this so-called eight-hour day, which is really seven hours six days in the week and six hours one day in the week, has come to stay. It is the first State to put its hospitals and its professions under the sway of the labor organizations, but, if I read the times aright, it will not be the last. Organized labor is sending its tentacles in every direction, and drawing under its mighty wings any too weak to

withstand its unreasoning but terrible ambition.

Let other States beware and be prepared to do battle for the uplifting of the nurse, bidding their law-makers to keep their hands off professional education.

In the year 1911 a bill was passed in the California Legislature which was known as the "Eight-Hour Law for Women." This bill, which in the course of time became a law, limited the working hours of women employed in any mercantile, mechanical, or manufacturing establishment, laundry, hotel, or restaurant, or telegraph or telephone establishment or office, to eight hours a day for six days in the week. At first the feeling among these different establishments was one of consternation, as it meant so much readjustment of hours and in many instances the substitution of men in the places where women had been employed. But the American is resourceful, and in most instances the matter was worked out to the satisfaction of the employer and the patron, although not always to the satisfaction of the employee.

To the latter class, which the eager legislature had striven to benefit, it in many instances worked a hardship, doing away with the weekly half-holiday which many firms were finding it possible to allow during

*Read at the Sixteenth Annual Conference of the American Hospital Association, St. Paul, Minn., 1914.
The italics throughout this article are ours.

the hot weather, and forbidding all overtime work of which many a woman had been glad to avail herself in order to bridge over a hard place, illness at home, some longed-for luxury, or perhaps the wherewithal for a real vacation trip entirely out of the question when the regular weekly salary was all that could be considered.

But the minor difficulties were ignored, the bill had passed and must be enforced. Department stores rearranged their hours, restaurants employed more men and fewer women, laundries abolished their early closing days, the high cost of living was made still higher, and not much disturbance was caused by the new regime.

Then the advocates of the new measure grew bolder and dared bigger things.

Early in the year 1912 the first indications of the intentions of the labor party were seen in the form of communications to the different nursing organizations in regard to the proposed amendment to the law already on the statute books. The main change that was sought was to include nurses in the Eight-Hour Law and the representatives of the State Association were asked to give their opinion in the matter. On January 23, 1912, this came before the regular meeting of the Council and the following resolution was passed:

"Resolved, That the California State Nurses' Association do not endorse a bill including nurses under the Eight-Hour Law for Women."

About that time the several county associations were approached with the same question and while answers were sent, it must be confessed that, at the time, the proposition seemed so absurd and so unworthy of any consideration by a body of professional women that scant attention was given it.

But steadily on came the tide, and while the year was yet young the intentions of the advocates of the Eight-Hour Law were all too apparent, but not until early in the

spring and after the proposed bill had been given a great deal of newspaper notoriety, did the hospital authorities wake up to the fact that the bill was fast winning its way into favor, and was sure of passage through both houses and of the Governor's signature. It was then too late to do much; meetings were held and resolutions passed and protests sent to Sacramento, now the seat of war, but the hospitals were not organized, and the nurses' associations in the State could not be made to take sufficient interest in the matter; they were not well versed in legislative work, which calls for experience.

The bill as originally drawn included all nurses, but it was argued that the graduate nurse had the same status as a physician, and that to put her under the law would be both a hardship and an injustice.

While the bill was still in committee, a public hearing was announced, and several hospitals as well as nursing organizations sent representatives to speak before the committee. Great was the excitement all over the State the night set for the hearing, and all who could be present did so, the large assembly chamber of California's Capitol being crowded with interested listeners.

Many nurses were able to speak on that occasion, but the discussion was chiefly between a superintendent from one of the northern hospitals and a newspaper woman working in the interest of the bill.

Many good points were brought out by both sides, but popular opinion was in favor of the bill, and the newspapers all over the State came out the following morning with large headlines and glowing accounts of the great humane measure before the Legislature. So no one was surprised when, a few days later, the bill was reported favorably out of committee, with recommendation that it do pass.

Time went on and the bill gained in favor and was set for a special order for a certain Tuesday.

In response to a telegram sent to Los

Angeles from those opposed to the bill, the writer went to Sacramento to help during those last days. I found things much as I expected they would be from the newspaper accounts, except that the feeling was stronger in favor of the bill than we had thought possible. Strange tales had been told of hardships and injustice in some training schools—conditions that may have existed and may not, but the telling of which had its effect on ears always ready to listen to the sensational. One argument brought forward was that one training school had been known to require a service of thirty hours in one day, *but when pressed for an explanation the speaker beat a hasty retreat.* It was also stated that many schools were already under the eight-hour law, which proved how little the legislators knew about the subject in hand. No hospital in the United States or, for that matter, in the civilized world, had ever been confronted with the eight-hour law for six days in the week.

The eight-hour system in effect in several of the hospitals provides for a continual service seven days in the week, and is managed by three shifts of nurses, who relieve each other at stated intervals. The eight-hour law allows for a service of eight hours a day for six days in the week or six and six-sevenths hours a day for seven days in the week. Thus it may be readily seen that three shifts of nurses will not cover a service of twenty-four hours in the day for seven days in the week, but relieving nurses must be provided to supply the lapses that will occur as a result of such an awkward arrangement of time.

The eight-hour system allows for a service of fifty-six hours in one week, which is understood to mean eight hours in one day, but it is sufficiently elastic to permit of longer service in one day in case of emergency to be counterbalanced by shorter hours the following day. It provides for seven days in each week, a provision that is imperative for

those who have to deal with the sick and injured, for a hospital may not close its doors night or day, Sundays or holidays. Perhaps the description of the passage of the bill by the Senate can best be given by quoting from a San Francisco newspaper:

NURSES WIN FIRST BATTLE FOR EIGHT HOURS

SENATE PASSES BILL AND SCENE OF CONFLICT NOW SHIFTS TO LOWER HOUSE

SACRAMENTO, May 1—The fight for an eight-hour day for pupil nurses, which started on the floor of the Senate yesterday morning at ten o'clock, came to the victorious conclusion at midnight. Sandwiched in between layers of the non-sale of duck bill, and impeded in its progress by every tactic known to the reactionary politician, the bill finally passed with a vote of thirty-two ayes and no noes. The senators who led the determined opposition came under the wire at the last minute, after they had exhausted every possible means of excluding pupil nurses from the bill.

Senator Henry Lyon, who fathered and championed Senate Bill 466, reviewed the situation in the hospitals in the State, pointing out the long hours of labor required of pupil nurses, the money earned by them for their institution, and the pitance, barely large enough to cover the cost of uniforms and books, paid to them. He urged the speedy passage of the bill, but was blocked at the outset by an amendment which was offered, exempting hospitals from the operation of the law. From that time the fight centered on the amendment.

This spirited introduction was followed by one of the northern senators, who read several letters from prominent people, which were declared to prove conclusively that if there is any class of young women engaged in any vocation who need the protection of the eight-hour law it is the pupil nurse. He based his assertion upon the requirements of health, education, public safety and humanitarianism, and wound up by asking if California, which leads the vanguard in humanitarian legislation, should deny to the pupil nurses the privileges they accord to other women.

Senator Caminetti entered the fight early in behalf of the nurses, and he stayed by it to the close, making vigorous objections to all the amendments offered. He begged that eight-hour legislation be backed by every man who has the cause of humanity at heart.

"We took a great step forward two years ago

when we passed the Eight-Hour Law," he said, "and I don't know a man who fought against it at that time who would change it now. We cannot go backward. We must go forward. Our parties have pledged themselves to the uplifting of humanity; it was the slogan of our last campaign and there can be no better example of putting it into practise than by passing this bill by an almost unanimous vote."

In the evening, when the argument against the amendment had become so involved that, as one senator put it, they were afraid they would put the ducks in the hospital and have an open season on nurses, Senator Caminetti again championed the bill, introducing statistics from physicians showing the detriment of overwork and drew a clear analogy in its application to the measure at issue. *Notwithstanding the avalanche of telegrams which descended on the senators' desks and the Niagara flow of eloquence turned loose, all the amendments were voted down and the bill passed.* The senate chambers and galleries were crowded all day with women interested in the passage of the bill, and many of the wives of the assemblymen, some of whom have been nurses, stayed until the last gun was fired.

About two weeks after the bill passed the Senate it reached the floor of the Assembly, and after much argument and an all-day's session continuing until after 2 A.M., it finally passed and was sent to the Governor.

Even then the training school authorities did not give up. Letters were written to the Governor and representatives sent to Sacramento to be present at the hearing that he gives on all important bills before signing them. *It was curious to note that not one nurse was present at that hearing who went in the interest of the bill, the only persons supporting the bill being a representative labor leader and a newspaper woman who had worked for the bill under the direction of the labor party.*

The opposing side was well represented by nurses prominent in training school work in California.

The bill was signed June 14, 1913.

The famous Eight-Hour Bill was now a law and as such it would be enforced. There was no precedent to guide us, a change from the eight-hour system to the eight-hour law

being equally as difficult as a change from the old system to the eight-hour law, and it would take generalship to accomplish it. It was a peculiarity of the existing conditions that no one was ready to come forward with a working plan. The press called loudly for ideas on the subject, but the people whose opinion was of any value were silent.

Meetings were held in different parts of the State and the superintendents of the training schools invited, and while these meetings were well attended the superintendents would not talk. Even the meeting of the State Nurses' Association, where the subject was forced to the front, the superintendents, as if by common consent, still remained silent. No one would give an opinion on an untried measure, and each seemed more than willing that her neighbor and fellow sufferer should work out her own salvation, and as the 10th of August, the day set for the law to go into effect, drew nearer and nearer, one school was quite ignorant as to the manner in which the other schools would comply with the law. The 10th of August fell on Sunday, and Saturday night the ever-ready reporter was on hand to secure a little news for the Sunday paper in regard to the hospital service under the new law. Most of the heads of the training schools were either off duty or inaccessible, so what meagre information was obtained was gathered from the pupils, who were fully as curious and quite as ignorant on the subject as the reporter himself.

The arrangement of the schedule for the training school which I represent occupied many weeks; in fact, as I sat in the legislature while the routine business was being taken up I always had a paper and pencil and filled in the tedious hours making out a working plan.

There were two methods to choose from: One was eight hours work a day, with one day off duty during the week, and this was the intention of the advocates of the bill when it was first introduced, it being a com-

bination of the old law of one day in seven rest and the eight-hour law passed in 1911. The other method was the division of the forty-eight hours among the seven days in the week, so that each nurse is on duty some hours each day. Most of the large training schools adopted the latter plan as the lesser of the two evils. This gives seven hours of duty for six days in the week and six hours of duty for one day in the week—an awkward number to reckon with, as twenty-four is not divisible by seven in any way, and three shifts of nurses will not handle any one department unless the patients could be left entirely alone for the three odd hours. However, law is law, and with even this intricate problem before them the superintendents went to work, with what courage they could muster, determined to produce results which must be satisfactory as possible to the patient and the doctor, the hospital and the pupil herself. The class hours must be taken into consideration, the meal hours must be respected, and the change that comes in the middle of the night must be at an hour that will work the least hardship possible to any one.

With the first method the full number of nurses required to care for the patients must be supplied, plus a relieving nurse for every six nurses, as each nurse must be off duty one entire day during the week, likewise the relieving nurse.

With the second method a most elaborate schedule of each nurse's time must be worked out with the allowance for her meals and her class, and with as much consideration for the patients as such a handicap would permit.

Having had no experience with the first method, I am not in a position to give an opinion, but those training schools that have tried it seem to be fairly well satisfied with results. It has its weak points in the fact that it gives too much time to the pupil when she is responsible for nothing, taking her entirely away from her work for one whole day, causing her to lose interest in her

patients, for a great deal can happen in a day. Unlike school and college work, neither sickness, accidents or the throes of maternity end on Saturday night.

As this method is entirely new in the nursing world, perhaps the superintendents of nurses would be interested to know more definitely just how it works out. Take, for example, one corridor containing perhaps seven or eight general patients, two nurses will come on duty at 7 A.M., one working from 7 A.M. to 12.30 P.M., and from 5 to 7 P.M., the other from 7 A.M. to 2.30 P.M. A third nurse will come on duty at 9 A.M., working until 7 P.M., and should a fourth be required she will report at 11 A.M., working until 7 P.M. The first night nurse reports at 4.30 P.M., working until 12 midnight, when the second reports at 12 midnight, staying until 7 A.M. These hours, as they are arranged, include one-half hour for each meal, the nurse not being allowed to return to duty until it has elapsed. On one day in the week one hour must be subtracted from each nurse's time, so that the hours of duty will not total more than forty-eight hours for the week.

It will be seen that five nurses are required to care for eight patients instead of three as heretofore, and the patient must have at least four different nurses looking after him, besides the head nurse and her senior.

In the operating room a continuous service is arranged for, up to midnight, with much the same schedule of hours as on the corridors, and if there are emergency operations between the hours of 12 midnight and 7 A.M., the nurses who work from 4.30 P.M. until 12 midnight are called for those operations, it being another day and date, and the time is subtracted from the regular hours of the succeeding service. *There are no half days given and no vacations.*

From the hospital's point of view there is little to be said. There is a larger pay-roll, as more nurses are required to supplement the work of the pupils. There is a larger

staff to house and running expenses increase. This is offset in the private institutions by an increase in the rates, and in the endowed institutions by a decrease in the charitable work that may be done, for the care of a patient necessarily costs much more now than heretofore. The increased mental burden falls on the hospital management. The decreased training is the unfortunate lot of the pupil nurse, while the increased expense falls on the taxpayer in the public institution, and the self-respecting patient himself in the private hospital.

Some hospitals have abolished the training school, which perhaps is not such a calamity in several instances, but others have been obliged to give up their affiliations, which is a detriment to many training schools that really need the special work impossible to obtain in most general hospitals. For with only pupils enough to care for the hospital patients they cannot be spared to go to other institutions, and this difficulty will not be overcome for several years, until the training schools are large enough to meet these increased demands.

To the patient the constant change of nurses is more or less annoying; and many, to avoid this, resort to the only alternative of having a special nurse whether they can afford it or not. This, of course, takes the needed experience away from the pupil nurse.

A quotation again from a San Francisco daily paper will show a condition where the operation of the law has a direct result on the hospital and its patients, curtailing to a great extent the work that may be done and robbing the pupil of her practical instruction in contagious work which is so difficult to obtain. The writer says:

"As a direct result of the Eight-Hour Law in its application to hospital nurses, the Children's Hospital has been forced to close the doors of its \$51,000 contagious pavilion, which was recently completed, and which is the finest and best equipped building of its character in the West."

The announcement of the closing of this department has been made by Mrs. John F. Merrill, president of the institution, at a meeting of the board of managers of the hospital, and the reason given was that the hospital could not afford to employ the necessary graduate nurses for its maintenance under the new law, and did not have sufficient student nurses in its training school to carry on the work of attending contagious cases.

That the general public, and especially the poorer classes, who are dependent upon the charity of such institutions as the Children's Hospital for the care of their sick, will be the chief sufferers from this action, was the statement of Miss M. S. Wilson, superintendent of nurses of the hospital, in an interview authorized by the president.

Miss Wilson, who also deplors the state of affairs whereby the student nurses will lose an important branch of their training, said:

"The forced closing of the contagious pavilion is illustrative of the ill effects of this new law and of the harm which it can accomplish. The hospital has attempted to operate this department, but from the beginning it was apparent that it would prove impracticable under the conditions imposed.

"Each case, according to the law, required the services of four nurses, and these nurses, owing to the nature of the cases being treated, were absolutely precluded from any other duties, and were constantly in quarantine with the patient. The hospital has but forty-eight student nurses at the present time, and is even hampered in the other departments, which require seventy or more students in the care of patients.

"The hospital cannot financially afford to place graduate nurses on these cases, and even if it could there are not sufficient graduates available to supply the needs of the institution. It has been the custom of the hospitals to entrust these cases only to

nurses who are in the last eighteen months of their training, as the nurses in the first half of the course are considered to be only in the preparatory stages of their work, and not suited for the care of contagious diseases.

"This branch of nursing should by all means be done by student nurses, and as this is now impossible, they are losing one of the most important parts of their training. Nurses cannot learn without practical demonstration, and to be competent to practise their profession after they have graduated they must have instruction in the care of contagious cases, as well as any other branch of the work."

A distressing phase of the situation at the Children's Hospital since it became necessary to close down the contagious pavilion, arose last week, when the institution was forced to turn away a case of diphtheria. This is the first time in the history of the hospital that a suffering child has been refused admittance, and the board of managers has always prided itself upon the fact that any sick child, irrespective of color, creed, or nationality, was welcomed to the care of the institution, no matter how poor or how rich the parents might be.

A contagious pavilion has for years been maintained by the hospital, and the enforced closing of this branch of the institution will work untold hardship upon the poor of this and surrounding cities, who, for obvious reasons, are unable to care for their children when contagion arises.

But to the pupil nurses, the ones for whom the law was made, comes the greatest hardship. Could the eight-hour system, fifty-six hours per week, have been given them by law with an allowance of a certain number of weeks of special work with private patients, the conditions would have been arranged to the satisfaction of every right-minded superintendent in the State. Young women enter the training school with the understanding that it is hard work, and they know it is a life of self-sacrifice, but

anything worth while comes hard, and no educational institution can be handled on a satisfactory basis that is limited in the hours that it may allow for its experience. Seven hours a day does not give any nurse enough insight into a case to become interested, and the grand principles which Florence Nightingale tried to instil into the minds of her followers have resolved themselves into the labor principles of putting in time. Young women entering the training schools have few resources. They have little money for amusements away from the hospital. To be sure, there is the class work, but that cannot be used to fill up all the waking hours and, sad but true, the moving picture shows and other like cheap places of amusement furnish a place where time may be killed. Another fact is there is so much time to do everything that nothing is done on time. Meals are not attended punctually, nurses not of a very energetic turn of mind will spend the greater part of the time off duty in bed, sleeping away the precious hours that can never return. There is a great temptation to leave many things undone. The nurse lacking in principle will not finish her work if she has the habit of slighting; the nurse who follows her may do it if she sees fit or pass it on, knowing that the head nurse may not call her back as that would be working overtime.

During her training, under this new law, it is a misdemeanor punishable in some institutions by dismissal from the school for the nurse to stay five minutes longer on duty than her prescribed time. Every hospital is responsible for each nurse in training, consequently the most rigid surveillance is necessary, because any deviation from the law will be reported and dealt with by the labor inspectors and the courts. How can a woman who for the period of her training has been under this labor law, on her graduation blossom forth as a self-sacrificing professional nurse? Her principles and her ideas cannot be the same if trained under this

forty-eight hours per week law, as they would be if she had been trained under different conditions. The long hours demanded of the graduate nurse will not appeal to the woman whose going and coming has been prescribed by law. She will be restless and uneasy, with little interest and enthusiasm in her work, and most likely will break down with her first hard case, as she has not been trained to endure.

As the law applies to all women in hospitals except the graduate nurse, the housekeeper, dietitian and the woman interne must come under it. The first two mentioned can arrange their work by adding to the duties of the already overburdened superintendent, and little confusion results, but the woman interne finds the matter particularly hard. She has come to the hospital at a great financial sacrifice to gain all the experience she can in one year; she receives no salary for her work, but if unhampered obtains experience which money cannot buy. Her hours have never been counted before, she was privileged to do as she pleased, and, as all hospitals know, her responsibilities are particularly heavy at night, when sleepy doctors do not care to have their slumbers disturbed, or be obliged to leave their comfortable beds at night if the emergency is one which the interne can handle until morning. Sad and ludicrous would be the situation if the interne, on being called, should announce the fact that she had worked her eight hours that day and dared not get up.

Perhaps no phase of the nursing situation has brought forward more bitter criticism during the campaign for the eight-hour law than the subject of special nursing, and not only in this State but all over the country it is a subject widely discussed and much abused. Four-fifths of our nurses graduating from training schools enter the field of private nursing; the other fifth accept institutional positions. The hospital which gives its pupils no experience in executive

work is the object of much censure by the nursing organizations, as they are not doing their duty by their nurses in fitting them to take up the different lines of the work open to the graduate nurse. How much more necessary is the training in special nursing to the young graduate.

Special nursing can only be learned by experience, and that experience should be given to the nurse before her graduation. She may attend lectures in ethics by the dozen, but unless she has actual experience she knows nothing of the intricacies of private nursing until she has been shut up in a room with one patient whom she must make comfortable and happy.

How much better to give to the pupil that experience while she has the help and the guidance of her head nurse and her superintendent, than to make her first six months out of the hospital her probationary period of private nursing.

In California the very character of the hospitals makes special nursing for the pupil imperative if she is to be at all well trained in her profession. We have no endowed hospitals and few charity or ward patients, save in our county hospitals. All patients who undergo serious operations demand the services of a special nurse, thus leaving for the pupil only convalescent patients to care for. A nurse during her entire training, under the present law limiting her time on duty to seven hours a day or six hours a day, may never have the opportunity to care for a serious operative case or a very sick medical case. The patient must have a special nurse, and the graduate nurse is called just as the patient was getting instructive and interesting.

A young woman gives up three of the best years of her life to learning her profession, and it is unjust to her to deprive her of the work to which she is entitled. Take the matter of maternity work, and unless a pupil may have at least one case all her own she is poorly equipped to go out to the pri-

vate home as the doctor's sole assistant and make good on her first case.

In all hospitals the obstetrical work is so directed that each nurse has a certain number of weeks in each branch of the work. She will care for the mothers for a certain length of time and for the babies for a certain length of time. She will take her turn in the delivery room and on night duty, but not until she has a special patient will she be able to form any idea of how to proceed from start to finish with a maternity patient. It is not fair to the public nor to the nurse to deprive her of this valuable part of her training because the law of our State says so long may she work and no longer.

In executive work, which most of the training schools have added to the third-year work, the pupil finds herself seriously hampered. It is exceedingly difficult to turn responsibility over to any one who must measure her work by hours and minutes. She should be free and unhampered in every way as regards to time, as results must be produced, not a certain amount of time put in.

It has been the custom to place the third-year nurses in each department as assistant to the head nurse, where she may be taught executive work, where she will have the opportunity of working with the head nurse and sharing some of her responsibility, and relieving her in her absence; but with limited service of seven hours a day this work must be greatly curtailed or done away with altogether.

Those who oppose this law are the true friends of the pupil nurse. All hospitals should adopt the eight-hour system, with six months of the three years' course to be devoted as may be desired to special nursing, so that our graduates will go out into the world well prepared for the great responsibilities that will devolve upon them.

To do this we do not want laws instigated and enforced by labor agitators, but such regulations should be left to our State Nurses' Associations and to the inspectors of our training schools who are graduate nurses and appointed by the State Board of Health.

Nursing is a profession which belongs exclusively to women, and as was said at that wonderful meeting of the American Nurses' Association in Chicago in 1912, nursing is peculiarly woman's sphere. It calls for the highest in character and education, and it cannot succeed without perseverance, determination and self-sacrifice. But how can we instil those principles into the minds of our pupils when the first lesson we must teach is self-centered, the eight-hour law?

How can we at the command of the law turn against those first principles that our patient's comfort is first, our own second?

Real nursing, self-sacrificing service, cannot be timed by the clock. It never has been, it never will be. Soldiers going into battle are not called to retreat because time is passing, neither should those soldiers who are fighting disease and death be told to lay down their arms and steal away because a certain hour has arrived.

Surely one legislature in passing a law which is such a handicap to the education of the nurse was not looking to the reputation of the State. How do they think it possible for women trained in California to compare favorably with nurses from other States where no such menace to education exists? Surely it is a far cry from "The Lady with the Lamp" down to the present time, where the law reduces pupil nurses to the level of the poorest paid worker in the field of labor, doing away with all zeal and interest in the work, robbing it of what little romance it had—a law which discourages faithfulness and unselfish devotion to one's duty, and which puts no premium on fidelity.

The Young Woman Who Wants to Be a Nurse

MINNIE GOODNOW, R.N.

GRADUATE nurses are called upon more or less often to give advice to young women who are considering a nurse's training. We need to be able to tell some of the main features, to suggest some ways of judging between one hospital and another, and if possible to keep girls from going haphazard into a matter of such importance.

A nurse's training takes two or three of the best years of a young woman's life, and it approaches the tragic if she makes a mistake in regard to these years. Aside from the question of her happiness, the effect upon her character is to be considered. Character is supposed to be formed by the age of twenty-one, but certain radical changes are almost sure to take place during the early twenties which have a pronounced effect upon the whole of one's after life. Environment during this period has much to do with the outcome of these changes.

Nursing is more than an occupation. It is a life. It is a life of influence. Whether she will or not, a nurse influences many more persons than the average woman does. For this reason her character and her training are of vital importance to humanity as well as to herself.

REQUIREMENTS

Age—The age at which a young woman begins her training is usually decided by the training schools. Few, if any, schools admit girls under eighteen, and the majority demand that their pupils be twenty, twenty-one or twenty-two. Probably most superintendents think that twenty-three or twenty-four is the ideal age for beginning training. There is a tendency at the present time to do away with hard and fast rules on this point, in recognition of the fact that some young women are more mature at eighteen than are others at twenty-five.

Another fact should be kept in mind: Nursing, except in children's hospitals, is not work for *girls*, but for *women*. One who is immature, inexperienced with people, easily influenced, not ready to "settle down," should not take up nursing. Both the years of training and of actual practice involve the managing of people, and if one has had little or no previous experience along this line, she finds herself in the midst of undreamed-of difficulties.

For the upper end of the age limit, some hospitals say thirty and some thirty-five; others use their judgment. There are cases where a woman over thirty-five has taken training successfully, but the average woman does not do well after thirty. Either she has been out of school too long, has lost the habit of study, and so fails with her lessons, or she is too mature to be teachable, or she cannot bring herself to take discipline.

Health—Good general health is requisite. There must be no organic disease of any sort. Good eyesight, with or without glasses, and acute hearing are essential. Any facial disfigurement usually bars one from training. Painful menstruation is a serious handicap.

On the other hand, no unusual physical development or vigor is demanded. Many young women improve in health during their training, probably on account of the regular life they are forced to lead.

Some training schools have standards of height and weight. Usually a young woman who is less than five feet tall is refused. It is also a popular notion among hospitals and with the laity that a large nurse makes the best impression. Experience seems to prove, however, that small women frequently have more endurance and succumb less readily to illness than the large ones.

Education—The educational standards for

admission to a nurse's training are being gradually raised. All schools give preference to the better educated women. There are practically no schools which will consider taking a girl who has not been through eight grades of the common schools. The studies taken up in a nurse's course are the equivalent of high-school work, and unless one has had the proper preliminary schooling she finds them, to say the least, extremely difficult.

Most good training schools in the East demand one year of high school, and in a number of States the laws forbid training schools to admit pupils without such preliminary schooling. Some of the long-established schools demand a complete high-school course.

Other Qualifications—Other things being equal, there is a distinct advantage to the girl who is accustomed to domestic work. Nursing involves a goodly amount of house-keeping, and the young woman who can sew, do fine laundry work, clean properly and cook well will find her nursing tasks easy in many ways. Superintendents of training schools prefer country girls for the reason that they are accustomed to these duties.

WHERE SHALL SHE GO?

Home or Elsewhere—Almost the first question raised in the selection of a training school is whether it shall be one in the home city or town or in another. One's family is apt to say "Stay here," but it will commonly be found that the arguments which they advance in favor of it are really arguments against it.

A nurse must usually drop social life, except that which can be gotten at odd times. She is unable to make definite engagements, and her friends become exasperated with her. If she appears tired or overworked, her family is apt to urge her to give up her training. If she becomes discouraged about her work or has her feelings hurt by a patient or a superior officer, she may be the subject of

ill-advised sympathy. If any of her family are ill, she feels she should be at home. In short, her home ties render hospital life much more difficult than if she were at a distance.

If her friends or acquaintances are patients at the hospital, she finds many complications arising from their mere presence. She is even tempted to betrayal of confidence or to untruthfulness, on account of outsiders' persistent inquiries in regard to patients.

Kind of Hospital—Probably the most important question, and the one upon which a young woman's future largely depends, is: What kind of a hospital? Shall it be large, medium-sized, or small? Shall it be general or special? Shall it be a public or private institution?

There is no one answer to these questions. There is no such thing as the best hospital in the country, any more than there is any best school or college. It is a question of what is best for the individual, modified by the minor considerations which are a factor in each case.

Personal Considerations—In order to decide what is the best sort of hospital for any given young woman, she must arrive at some conclusions in regard to her future career. What branch of nursing most attracts her? What does she feel best suited for? What does her disposition, education, health and previous experience best fit her for? Does she want to be a hospital superintendent, a teacher of nurses, a head nurse, a dietitian? Does she wish to do private nursing, district nursing, factory or insurance nursing? Does social service work attract her? Is she interested in tuberculosis work, in surgery, in children, in psychopathic cases, in obstetrics? She herself must decide at least part of these things, and select her hospital with reference to them.

Large vs. Small Hospitals—In general the nurse who desires to do executive work of any sort should take her course in a large

hospital, preferably one with distinct departments and some affiliation. These large institutions teach one to organize and to deal with people en masse. For the nurse who is preparing for private duty, or any of the branches of nursing which bring her into immediate contact with the patient, a small or moderate-sized hospital is preferable. In them she learns the attention to detail and the adaptability to individual preference which is almost wholly lacking in the training given by larger institutions. If she has any special branch in mind, she should, of course, select a hospital which has that department or an affiliation which includes it.

Large hospitals are unable to give personal attention to a pupil's work, and the young woman who is deficient or inclined to be slow of comprehension will find them unsatisfactory. Hospitals which have less than twenty-five nurses are more likely to give careful training. Of course, very much depends upon the sort of woman who is at the head of a training school, and it is not inappropriate for a prospective pupil to ascertain something of her personality.

There are many hospitals of less than fifty beds with almost ideal training. There are others which lack equipment, have little variety in their cases, are not progressive, or are not conscientious; and there are some who exploit their nurses in one way or another. It is well to bear such possibilities in mind.

If the writer may be allowed a personal expression from her experience in training nurses in both large and small hospitals, she may say that she has found that for the average young woman a hospital of less than one hundred beds gives the best training.

Special Hospitals—Hospitals for women, children, surgical cases, the insane or psychopathic cases, chronic or incurable cases, etc., may or may not be desirable places for training. If such hospitals have an affiliation with one or more others, so that an all-

around course may be had, they may be the very best places to go. The training in any particular line which one gets in a hospital devoted to that class of cases alone is apt to be superior to that given in the corresponding departments in a general hospital. A special hospital which has no affiliations should be avoided, even if one is interested in its particular line of work, since such institutions are likely to be one-sided and unprogressive along general lines.

Correspondence Schools—Despite their thousands of graduates, correspondence schools of nursing usually prove a bitter disappointment to the ambitious young woman. They give only the theory of nursing, and while they usually present that in a thorough fashion, nursing is so essentially a practical subject and must so largely be "learned by doing," that theory alone is far from sufficient. Hospital superintendents constantly get requests for short courses in practical training from graduates of correspondence schools; since no hospital will give such supplementary work, it leaves these young women in a very embarrassing position.

How to Proceed—The young woman who wishes a nurse's training should send for the prospectus of several training schools which she fancies desirable, compare them, write for any special information which she may desire, or, if possible, visit some of them and have a personal talk with the superintendent.

It is well to make sure that the prospectus is actually carried out, for in many schools, both large and small, a good many classes and lectures get omitted, or nurses omit one or more of the departments which appear in the catalogue. Some of them may honestly intend to give the work, but simply do not do it.

Probation—All hospitals require that their pupils serve probation time, a period varying from one to six months. This practice enables the hospital to judge of a girl's fitness for the work, and it gives opportunity to confirm or disprove her liking for nursing, as

well as to judge of the desirability of that particular hospital. She should bear in mind that a pupil who is dismissed after probation as unfit finds it difficult to gain admission to other hospitals; whereas if she leaves of her own accord during her probation term, it is not so likely to be held against her.

After a probationer is accepted, it is considered dishonorable for her to leave without finishing her course, unless for excellent reasons. On the other hand, she cannot be dismissed except for causes which are considered serious in hospital life.

Health certificates are usually required before a candidate is accepted. Two or more references as to character are asked for. The teeth must be put into order. Personal and family matters must be arranged so that there will be no likelihood of one's being called home unless for some very uncommon occurrence.

Money Allowance—For the financial part, the original idea was to arrange so that a nurse might be self-sustaining during her course. Board, room and laundry are furnished her, and a cash allowance of \$6 to \$10 a month, which is supposed to cover the cost of necessary clothing and of books. Some hospitals furnish books, and some provide uniforms or the material for them. A few hospitals give no money allowance. A few give \$50 or more at the completion of the course. A few charge tuition. It is usually understood that the nurse's work is compensation for her training, and *vice versa*.

The allowance may seem small, but as a matter of fact there are many young women in training today who started with no capital, and are providing for themselves throughout their course with no money from outside.

Discipline and Ethics—Young women who contemplate hospital training should be told something of the discipline and the so-called

ethics of hospital life. It should be made plain to them that the discipline is almost military, and that offences which seem small to them may be visited with summary and severe punishment.

Seniority and authority are made much of. The nurse's personality is largely ignored. She is not allowed to speak to patients of her personal affairs, nor must she ask them personal questions. All matters discovered by her in regard to a patient must be kept in absolute confidence. The disease or condition of patients must not be discussed with other patients nor outside the hospital. Unquestioning obedience to all superiors is demanded, and unfailing loyalty to the institution and its doctors is required. No nurse of any grade is permitted to express an opinion in regard to a patient, his treatment or the outcome of the case.

A knowledge of these things is important to the prospective pupil nurse, that she may have her mind prepared for them.

General Considerations—Few young women choose a nursing career who are not imbued with an honest desire to be helpful. A hospital is not the place for the self-seeking, the inconsiderate, or the pessimistic.

Nurses see the inside of people's lives as few other women do. They learn the depths of the sin and sorrow of the world and the heights of goodness and purity. They see the innocent suffering for the guilty. They see retribution meted out to the weak and to the vicious. They see the miracle of life's beginning, the tragedy, sordidness or majesty of its close. They enter into the mysteries of human experience and come face to face with the great problems of life.

A nurse needs, therefore, to have a good moral background, to be a woman with strength and sweetness of character, to have a real love for humanity and a great optimism in regard to the future of the race.

Nursing in the Homes of People of Moderate Means*

ANNA LOUISE DAVIS
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ORGANIZED home care for people of moderate means is such a new subject that all effort along this line is of necessity largely experimental. While asking for criticism, I want also to invite you to suggest lines along which we may develop this work. We are only beginning to work out a standard for the care of the sick in any community. There are standards for hospitals, standards for nursing organizations, but none whereby a community may guide itself in developing a system to provide care for all of its sick.

Cities do not feel this so keenly, for, as a rule, they have adequate hospital and dispensary service; but here I wish to say that it is a fearful economic waste to use expensive hospital buildings and furnish more expensive equipment and service in hundreds of cases that we all admit could be taken care of in their homes at less expense, provided we could find some one within their means to take care of them in the home. A recent survey in New York shows us that 90 per cent. of all cases of illness found remained in their homes. So it will be seen that hospitals at best only take care of a small per cent.

To place all these people in hospitals would take more money for buildings and service than we are ever likely to get. This is obviously out of the question; and we are confronted with the problem of providing adequate home care for the majority of these cases, and of sorting out the cases that really need hospital service.

Do not misunderstand me by thinking that I undervalue hospital service. The

usefulness of hospitals and their value to a community has been proved years ago.

Within the hospital, we have everything that organization can do in the way of nursing care; outside the hospital, conditions are reversed. We now depend largely upon the district nurse, who can only meet the need in a limited number of cases, where continuous care is not needed.

We hail with delight the idea of the rural Red Cross nurse, and believe she is to be one of the chief factors in reforming the health conditions in rural communities, but this must come because of her teaching, and not of her nursing. In how many rural homes could a nurse give actual nursing services in one day?

To say that every sick person should have continuous trained nurse care, and that the best is none too good, etc., is all very altruistic and sounds well, but we know that they do not now get this care, and in all probability never will.

When we realize that there were one and a half millions of cases of mortal illness reported in the United States and Canada last year, and that an overwhelming per cent. had home care, it must be forced upon us that it is time we tried to improve the quality of home nursing.

Some of these cases need and can afford a trained nurse. To others, a \$25-a-week nurse is out of the question. A small per cent. can get along with the hourly nursing of the district nurse, but to the majority of them, continuous care of some kind is essential. They now rely upon the untrained or practical nurse, a type of nurse which we have always had, and because of the need for the service she gives, always will have.

*Presented before the American Hospital Association in St. Paul.

Our problem is now to organize, improve, and regulate her work so that it will place her in the homes and on the cases where, for instance, as a mother's helper, she can do as well or better than a trained nurse, and by registration and supervision keep her from acute and contagious cases where her lack of training jeopardizes the life of the patient.

How are we going to manage it? I bring for your consideration a plan for organizing a given community into a civic health center, and through a central office, in charge of a competent graduate nurse, to establish a registry for all of the graduate nurses of the community, if such be not already established; to interview the practical nurses, and get them to consent to a fixed scale of wages, and to the supervision of a graduate nurse; to put on your list a few good laundresses and hourly house workers; then to interview your doctors and representative people, and have them depend upon you for supplying any grade of service needed on a given case. Let them know that while you are not dispensing charity from your office, you are *not* debarring churches, fraternal or any charitable organizations from their obligations to their members who may need their help.

When a call comes into the office and the doctor's diagnosis is given and the family's condition is considered, the trained nurse decides the kind of service needed. It may be a trained nurse, it may be a practical nurse, or possibly an hourly worker will suffice. Very often you will find that a mother can best care for an ailing child if she can be relieved of the housework, and repeatedly we find an expectant mother sick abed, when her real need is not a nurse, but a laundress or a charwoman.

This office must have a supervisor, also a graduate nurse, whose duty it will be to call at the home into which she has sent a practical nurse, and see that she is able to do the work on that case.

Now as to the practical or household nurse, her present value and her possible future. Her value is not a fixed quantity, but is raised or lowered by a number of conditions—most of all by the character and habits of the woman herself, and her adaptability to varying situations. The world has always had practical nurses, and it is safe to predict that it will continue to produce and use them, because they are needed and because the trained nurse has not taken nor need not take the place of the general utility woman. The trained nurse has found an ever-widening field of opportunity before her, and the world appreciates her work more fully with each passing year, as it opens new doors of service to her; but we must frankly admit that the trained nurse has failed to meet the nursing needs of the middle class people in their homes. This failure is not hers alone, it must be shouldered by society as a whole, and society as a whole must lead in the readjustment needed if ever her skill is to be brought within the reach of the average person who needs her, needs her badly many times, yet has not the money to pay her.

The full value of the trained nurse and also the full value of the practical nurse can only be made available through proper organization which supplements the useful qualities of the practical nurse with the skill of the trained nurse.

The proportion of homes which employ servants is small in any average community and is not likely to grow larger. The unwillingness of the trained nurse even to prepare simple meals for her patient and herself, when the mother of the family is the patient, is responsible for the untrained nurse being asked for in many homes where the family could pay the full rate for trained service, but could not pay a servant in addition. This very condition often leads to the untrained nurse being called to cases where a trained nurse's skill is urgently needed. The practical nurse in turn has

been criticized for undertaking responsibilities for which she was not fitted. Few realize how reluctantly the practical nurse assumes such responsibilities in many instances, or how she longs for some one to whom she can turn for advice or suggestion that will help her to do the best for the patient.

There is no doubt that many trained nurses have gone to extremes in avoiding anything that seems to be outside the strict line of duties included in what is called the nurse's province, and these have helped to create the demand for the practical nurse. But it is also true that many a trained nurse is wasting her skill where skill is not especially needed, where an untrained woman would do fully as well, while in some other home the untrained or practical nurse is struggling with a nursing problem which demands the highest nursing skill if the patient is to have the chance for life and health that we want him to have. This is a condition and not a theory; a condition that exists to a greater or less extent in every community, whether urban or rural.

We speak of the practical nurse as though she represented one distinct type of womanhood, whereas she represents many distinct types, each having a certain value. A study of a group of practical or household nurses will discover that a large proportion of them are widows who have been forced by stern necessity to become breadwinners. Life with most of them is a serious problem, and the work is undertaken with a corresponding seriousness. Most of them have been obliged to practise strict economy in their homes, and they continue it in the homes they enter. They have been accustomed to being responsible for all the duties of a household, hence it becomes a perfectly natural thing for them to continue to do so; add to this a strong common sense, and the ability to follow an order, and you have the chief reasons why doctors employ them and families are willing to pay them

almost as much as the trained nurse asks, and more than the trained nurse believes them to be worth.

The chief difficulty in regard to the practical nurse is that she is often found in charge of seriously ill patients, where a life may be depending on skilled care. This is her misfortune, not always her fault. She is there because of an economic condition, which, so far as it is related to sickness, we should face squarely. It is when she is face to face with responsibilities too great for her that she needs the assistance of the trained nurse. She needs the instruction and supervision and assistance of the trained worker, and the next big step in improving the care of the sick is to make such supervision possible through organization. If you have a central office with a graduate nurse in charge and graduate supervision provided, much in the way of improvement is possible.

It is the business of the office superintendent to know not only the quality and general makeup of the practical nurses that she sends out in response to a call, but to fit the nurse to the case and the home as far as possible. No rule of rotation or of sending out nurses in turn will ever do in this kind of work.

When a community is fully organized to care for all of its sick—the rich, the poor, and those in moderate circumstances—it is possible then to see that the graduate nurse's skill is more fully utilized by people of moderate circumstances, and this without lowering her rates. The value of the practical nurse is greatly increased when she has standing back of her to help her in every time of difficulty or emergency a graduate nurse and a board of sympathetic citizens to whom she may appeal. Her value to the patient is increased by instruction which should be provided for some way in every community. If there be those who object to the practical nurse being given any instruction, let us remember that we cannot prevent it if we

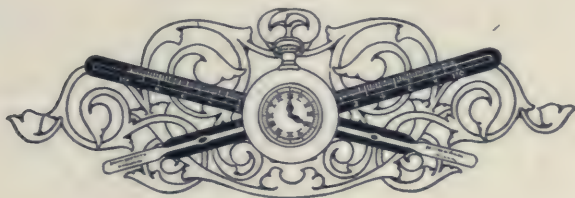
would, but by assuming some responsibility for it, we can determine its quality; we can see to it that it is *practical* instruction in the commonest nursing duties, rather than correspondence school theories that may or may not be understood. Let us keep in mind that the most reliable figures we have been able to obtain go to show that after fifty years of training nurses, two-thirds of the sick are receiving unskilled care. We have exerted ourselves that the poor might have skilled care in sickness; shall we do less for the people of the middle class?

When by means of proper organization we have given the practical nurse instruction and bedside supervision, and placed back of her the skill of the trained nurse in any difficulty that she may meet, we have effected a combination that should greatly improve the care of the sick of all classes. We have placed on the graduate nurse the responsibility of deciding when a trained nurse is needed, and when a practical nurse will best fit the need of the home, thus safeguarding the interests of the trained nurse, and preventing the practical nurse from assuming responsibilities too great for her.

If any of us cherish the idea that we should keep for an ideal a trained nurse for every case of illness, let us get rid of the

notion. There are hundreds of cases where the care of the home is the biggest part of the home problem, where, given a chance to rest and the most ordinary "waiting on," the mother will make a good recovery if the home machinery is kept running smoothly. It can never be considered good management for a trained nurse to spend three years in acquiring skill and then allow her to waste her time in caring for cases where no especial skill is required, and where the housework forms the greatest part of her duties. Let us frankly admit that the average trained nurse does not want these cases. Let us aim rather to put the trained nurse, by means of organization, in reach of every patient that needs her skill; let us try to see that she has the direction of the work. Let us cease to consider the practical nurse as a competitor, but rather to regard her as a private volunteer soldier in the fighting ranks, with the trained nurse as director of the campaign.

Let us try to get a clearer vision of the community's needs in all kinds of sickness, in all classes of homes and then, with the aid of its citizens, to try to build up an efficient working force, and by proper organization so to correlate all the grades of help needed that we may care for *all* the sick in *all* the homes.



Our Last Days in England

ANNETTE FISKE, A.M.

IT WAS the last Thursday in July when we reached London, after a somewhat extended trip on the Continent, expecting to spend some days in sight-seeing and then go to Ireland and Scotland, where we had a most attractive trip planned for the last two weeks and more of our stay abroad. We also expected to visit the lake region of England on our way back to Liverpool, but the best laid plans often miscarry. We did get two days of sight-seeing, but Saturday night at dinner-time a young lady arrived at our boarding-house with the first real news we had of the disturbed conditions on the Continent. She came without baggage and in a state of considerable nervous excitement. Her story was an interesting one. She had left her parents in Vienna and gone to Hamburg, where she expected to sail on a Hamburg-American Line steamer for the United States, two friends joining her on board at Southampton. When she reached Hamburg, however, she found that her steamer had been taken off. She was alone, had very little money and knew no German, so she went to the American consul for advice. On her first visit he said there was no immediate danger, but advised her to keep in touch with him. The next morning, when she returned, he bade her stop for nothing but get out as quickly as possible. So quickly did events move. She had to leave all her possessions behind her, including her trousseau—for she was to be married in September. The only train accommodations that she and others leaving at the same time could get were on a dining-car, where they sat from two until four in the morning, eating a course dinner in order to keep their places, as they were told they would not be allowed to ride there unless they ordered something to eat or drink. Such was the story that introduced us to

Miss H. and, incidentally, to the war. The sequel was also of interest, for she and her two friends, who were also at our boarding-house, decided to leave at the earliest possible moment, as she had heard nothing from her parents as to their safety and was most anxious to get back to her friends in America.

Monday was bank holiday and they could do nothing, but Tuesday they went to the steamship offices to see what they could do about getting passage. The only thing available was steerage accommodation for the next day and they had only money enough to pay a deposit to hold three tickets. They hoped to get money back on their original passage, but the company at first refused to do anything and then gave them a check payable in New York! We were at the Oceanic House, trying to arrange for an earlier sailing for ourselves when Miss H. came in, almost in tears. What were they to do? They had not the money to pay for their passage next day and they had no means of getting it. All they needed was \$80, but they might as well have needed \$1,000, for the bank holiday had been extended from Monday until Friday, and every bank in London was closed. The American Express Company's office was the only banking concern open and that would only give any one person \$50 on one day. Moreover, it was two o'clock and after, and its banking department closed at that hour. Nevertheless, one of our party—we all used American Express checks and were most grateful that we had done so—went over to the express company's office, hunted up an official, and explained the plight in which the three ladies found themselves. In consideration of the unusual circumstances, the company very kindly consented to cash checks to the amount of \$80, and

their troubles were at an end. At least their money troubles were, but the steerage passage proved anything but agreeable, as they were not able to eat anything for four days and only washed their faces with the corner of a towel wet in a glass of water all the way over. This is only one of many similar experiences and the first to bring conditions home to us.

Except for some untoward actions on the part of the suffragettes, Sunday passed quietly. One of our party attended service at St. Margaret's Church, next to Westminster Abbey. Already the shadow of coming war hung over London, and the air was full of foreboding and uneasiness. Every one felt how serious conditions were and the peace of the nation was known to hang in the balance. Yet even this did not deter the suffragettes from interrupting divine service. At St. Margaret's they left without much commotion, but at St. Paul's three were removed by force, kicking.

Monday there were crowds upon the streets, but only as one would expect to see them upon a great national holiday. We spent most of the day visiting the consulate and embassy with a view to determining what it was best to do, and in mixing with the crowds of American tourists, among whom we saw many we knew. As we came out of the embassy, a woman accosted us, looking flushed and nervous. It appeared that she had been turned out of Paris at midnight the night before, with only the clothes she had on, and had crossed the Channel on a boat which, she said, she expected might go to the bottom at any moment. It was packed till there was barely standing room. The whole atmosphere was most disquieting and inclined to keep one nervously wrought up and when, in the afternoon, all Americans were invited to attend a meeting at the Waldorf Hotel to consider measures for assisting tourists to return home, two of us preferred to go to the Zoo. We wanted and felt the need of a

change of atmosphere, a relief from the tension we had been under all day. We wanted to forget for a while, if possible, all the excitement and turmoil. Only when one has been through some such experience can one realize how nervous it tends to make one even where there is no special cause for anxiety.

Heretofore we had not felt certain that we need give up our trip through Ireland and Scotland, but by Tuesday it seemed best to do so. It did not seem wise to cross the water to Ireland and the train service was so demoralized, owing to the movements of troops from one place to another, and money matters so unsettled, that even going to Scotland seemed questionable wisdom. If we were not going to travel it seemed best, on account of expense, to leave for home as soon as possible, especially where so many boats were being taken off. So Tuesday we spent trying to get an earlier passage to America. That does not sound like a very long or elaborate undertaking, but there were crowds of Americans anxious to do exactly the same thing and it was slow work. Thus, it took one member of our party three hours and a half to get into the American Express office for money and mail, there being a line of people four or five wide and a block and a half long waiting outside all the forenoon. It took me two hours just to get to the desk in the Oceanic House, and then I was told there was nothing available but steerage and they would not refund the difference between the price of that and our regular passage money, which, alas, we had only paid in five days before. One of our party was ready to go steerage—anything to get home to God's own country, as one English paper put it, but the rest of us preferred to try for something better. So we went to another office, where we heard they had second-class accommodations. Here I had to wait nearly an hour before I could get in, as they only admitted a few people at a time and then locked the door. While

I was waiting I heard one gentleman telling of the party he had been traveling with on the Continent and how one person had to leave behind him fifteen hundred dollars' worth of presents he had bought to bring home. He himself had been sitting at breakfast in a town in Germany, I believe it was, when news came that the war had begun. It was the first intimation he had that war was really contemplated. With such suddenness did it come upon all but those in the high circles of government. It even seems to me from what I have heard since my return that more was known in America of the prospects of war before its outbreak than was generally known in the countries concerned. Certainly, when we left the Continent war seemed only a distant possibility, yet it broke out within two or three days.

To omit further details of our negotiations, we succeeded at length in getting passage on the *Teutonic* for Montreal the following Saturday. We had to pay the same price for a less expensive passage and to land in Montreal instead of Boston, but we were glad to do it under the circumstances. Thus, some one told me while waiting in the Express line that day or the next, that she paid \$100 premium for passage on that same boat. On the *Viking*, which was chartered by wealthy Americans, \$500 and up was the charge for accommodations which, I heard one of the American committee say, were only worth \$100; and one lady who had a \$500 passage on a boat that was taken off, pawned her diamond ring for a steerage passage on the *Philadelphia*. People were simply crazy to get back to America.

Tuesday night we went to Buckingham Palace to see the King and Queen. We must have stood an hour or more waiting before they came out on a balcony with the Prince of Wales. There was a tremendous crowd collected there and they spent their time singing "God Save the King" and "Britannia Rules the Wave," and in cheer-

ing. It was a good-natured crowd, full of enthusiasm, and their greeting to the royal family was inspiring. A large posse of policemen every now and then edged the crowd slowly back to clear the sidewalk, only for it gradually to return to its former position. After the King and Queen had gone in again, many went to Trafalgar Square, where the crowd continued in enormous numbers until after midnight and the announcement of the declaration of war by Great Britain.

The next few days of our stay were without special incident. The streets were full of soldiers, the stores were empty of customers, there was no excitement among any but the Americans, but no one could settle down to sight-seeing. So, though we spent eight days instead of four in London, we saw less than we expected in the way of famous places. One day, when there was a light covering of clouds over the sky, a tremendous report, more like artillery than thunder, was heard, and a moment later I saw a flash up in the clouds. There was no sign of a thunderstorm, and no other report was heard, so that the general opinion prevailed that a bomb had been dropped from an airship over Trafalgar Square and exploded prematurely. It was not as exciting as it sounds, however. When you merely read of such a thing, the imagination has free play and you picture it as a terrible matter. When you see it, you see only what there is, the flash, hear the report, and there is an end. I can appreciate in a way the attitude of mind of those Parisians, who, it is said, recently hired seats to watch an expected battle between French and German airships.

Friday we took the train for Liverpool, no trains being promised a day ahead, and we being determined to leave if the boat did. Six or eight boats were taken off on different lines Friday and the American committee seemed to think ours might come off. On that ground we were reluctantly persuaded to wait until the 4.05 train, on the chance of

further information, which, however, was not forthcoming. As a consequence, it was 9.00 P.M. when we reached Liverpool, a city wholly unknown to us. While one stayed with the baggage, the other two (one came back in July and there were but three of us) set out to find a hotel. Five hotels and not a room to be had. We were getting a little uneasy, when we were referred to a small house. An elderly man came to the door, agreed to give us rooms and showed us one that appeared satisfactory. When we came back, however, with our belongings, Madame had appeared upon the scene. She also had got a party for the rooms and was not pleased that her husband had made arrangements with us. However, she soon saw the possibilities of the case and proposed putting the young lady of the other party in with us. After some demur at a stranger making a fourth in our room, we conceded the point, as the only other possibility was for the young lady to room with her aunt and uncle. When we turned down the beds, lo and behold, the sheets were dirty! For clean sheets we were told we should have to pay extra, and when clean towels were requested, it was hinted we would be asking for five-pound notes next. However, we got the clean linen, made our beds over and retired. We did not intend to take breakfast there next morning, but the dragon was lying in wait for us and we could not escape without a fuss, so though we had on our hats and coats, we meekly walked into the dining-room and ate breakfast. Then we took up our bags and departed, having paid five

shillings, that is \$1.25 apiece. It was rank robbery, but we could not help ourselves. We felt somewhat consoled when we learned from a party of ladies also going on the *Teutonic* that one of them spent the night on the cushions of a morris chair, another on a cot that broke down in the middle of the night, and the third on a billiard table! For which luxurious accommodations they paid five shillings apiece, *without* breakfast. Besides, they had planned on an earlier train from London and found it so crowded they could not get on. So we decided we were pretty fortunate, on the whole.

Our boat was not taken off, and we sailed on Saturday, August 8. The voyage was an uneventful one and the only discomforts were the darkening of the vessel at night and the poor air in the cabins. One night not even the deck lights were lighted, though the canvas was down as usual, and when I went out forward before retiring, there was scarcely a crack of light to be seen from stem to stern. Moreover, though we lay to nine hours for fog and icebergs, no fog horn was blown. Later on, as we were nearing Quebec, the information was given out that on that night a wireless was received by the captain, saying that a British boat was in distress, chased by a German cruiser, and the flash lights of the cruiser were seen in the distance. Of course, our boat was in no position to give assistance, so she quietly lay by until morning, and when we reached Quebec we found the boat that had been chased lying at the dock, though she left Liverpool a few hours later than we did.



The Nursing of Children

ZULA PASLEY, R.N.

CHAPTER XIII—ENTERTAINING CHILDREN

A LITTLE girl, who on previous occasions had been under the care of two different nurses, was asked by her mother which of the two she preferred. She replied, "They are both nice, but I think I'd rather have Miss M., because she plays the most."

The average nurse needs to have in mind a list of things which may be done to entertain a child or which he may use to entertain himself. There is hardly a case where some sort of amusement or occupation is not demanded. In some instances the child's mind should not be stimulated, and a simple manual occupation is appropriate. In other cases, such as typhoid or some forms of heart trouble, it is unwise for the child to use his arms, but he will enjoy directing the nurse or joining in her planning, or exercising his mind to a mild degree.

Hearing stories is the one never-failing source of amusement to a child. They may be read, if one puts a proper spirit into them, but greater still is the joy if they can be told. There is also a distinct pedagogical value in the child's repeating stories which he has heard, and the nurse should encourage him to do it. The average child is delighted to have an appreciative audience, and he will be charmed to retail to parents or other members of the family a story which his nurse has told him. Even poems which seem a little beyond a child's intelligence are often of great interest to them. A four-year-old has been heard to lisp with the greatest pleasure part of "Blessings on thee, little man." An eight-year-old found joy in Lamb's "Tales from Shakespeare." Children are frequently as appreciative of good literature as are grown persons.

Bible stories invariably appeal to children, but one should be careful before beginning them to find out the parents' views in this

matter. Some people prefer to wait for these stories until more mature years, but there are certain of the simpler tales from the Bible which any child can understand. With what breathless interest do they listen to David and Goliath, or Daniel and the lions, or Moses in the bulrushes, invariably wishing to hear them again or to repeat them themselves.

In these days of public libraries it should not be difficult for the nurse to obtain material to read or tell to a child. The librarian will invariably help one in these matters.

Remember that children love to hear their favorites over and over, long after grown persons are tired of them. If a story is to be told, the nurse should try to find in it the good, worth-while points and bring them out. For example, in "The Three Bears" and "Little Red Riding Hood," there is the thought of a good influence ever watching over the child and protecting him. In this connection, some of the old-time stories need a little reconstruction, and some, such as "Bluebeard," should be eliminated.

There are stories and poems which lose much by being told, and should be read in order to keep the very words of the author. By dwelling on certain parts of them the nurse can positively create a love for good literature, and by so doing will have laid the foundation for many happy and profitable hours in the child's life.

Making an old-fashioned scrap-book is ever interesting. If the child is not able to do it himself, he may enjoy directing the work, choosing the pictures and deciding where and how they shall be placed. Almost every home has old magazines containing a wealth of pictures which the child may cut out for this purpose.

Paper cutting of all sorts has great possi-

bilities. For details, refer to some kindergarten.

Fashion plates may be colored by pencils, crayons or water-color paints, whichever the child has or can best manage. Two-hole bone buttons fastened on figures in place of heads make very amusing combinations.

Picture post-cards, or larger pictures with a backing of cardboard, may be cut up into picture puzzles, and will while away many an hour.

Stringing beads is easy and interesting. The Hailman kindergarten beads of wood, made in cubes, cylinders, spheres, etc., are easy to handle and give training in color and form. Smaller beads may be used to make a neck string for a doll, or for mother or sister.

Large beads combined with toothpicks make excellent soldiers. In fact, toothpicks are most useful by themselves and in combination with such things as raisins, figs, cherries or any small fruit.

Corn-cobs and corn-husks, burdock burrs, pine-needles, and most of the flat leaves can be made into all sorts of things.

Modeling clay all ready to mix can be purchased; with his fingers and one or two simple tools the child can spend many happy hours modeling familiar objects.

For older children the making of blue-prints from photographic plates or films is a fascinating occupation.

For the little girl of almost any age a doll is the great source of entertainment. There is no end to the plays which may be planned with a doll and a liberal amount of imagination. If she is able, any amount of sewing may be done—dresses, underwear, play clothes, aprons, hat, stockings and shoes, etc., can all be made with a little help from the nurse in planning and execution. An old scrap-bag is a veritable treasure-house. A trip may be planned and taken, using a cigar box divided into compartments for a trunk, if no better is available. Giving a doll party is always great fun and takes endless planning.



HAPPY WITH HOME-MADE TOYS

For a change, try making hickory nut dolls, with the face painted or drawn in pen and ink, the body being made of a little roll of cotton cloth glued to the nut. The face may be grotesque and the clothing comical. The arms are made of small rolls of cloth sewed to the body. A corn-cob, dressed in corn-husks, makes a very funny clown doll.

Paper dolls are always in order, and may be managed with less exertion to the child. Even a pretty sick child may handle them with ease and get a great deal of pleasure from them.

A boy will usually be interested in some sort of constructive work. He may build a house of pasteboard, using four boxes glued together or sewed. It should not be too simple, nor too small. There may be up-stairs and down-stairs, with the stairway made of folded pasteboard. A lean-to kitchen can be fastened and a porch added in front. The exterior color can be decided by the little patient, and executed in colored paper, crayon or paint, whichever is available. The interior may be decorated and furnished. Doors and windows are cut out with a sharp knife. Curtains may be made of crepe paper or cloth. Pictures can be hung and rugs put down. Small boxes will do for furniture, or pasteboard cut, bent and sewed or tacked.

Sometimes a small boy may be interested in dressing up a teddy bear with simple

clothing for which the nurse may cut a pattern and do any necessary sewing.

Either boys or girls like to make things for other people, especially if some holiday or anniversary is near. For May Day there are May baskets of all sorts of sizes and materials. For Valentine's Day a supply of colored cardboard, tissue paper; lace from soap or candy boxes, and colored pictures cut from old magazines will furnish the basis for valentines for all the friends of the family. If the child is old enough, the nurse may help him compose simple rhymes for the valentines.

Near Easter time eggs and egg-shells may be colored in all sorts of ways. Faces may be drawn on the shells and a bonnet of crepe paper made, with ribbon or paper for strings. Half an egg-shell can be decorated and used as a vase, being sent to a friend with a flower or a few wild violets in it.

For Christmas gifts there are endless simple things which can be made. Bright tissue papers cut with a fancy edge and mounted on a pasteboard back for shaving paper for the child's father; a holder for the mother, or a towel to be hemmed or hemstitched; a simple little apron for a sister; a pen-wiper made of several pieces of flannel, scalloped, for the brother—and so on. It may fall to the nurse to do most of the actual work on some of these things, but the happiness of the child in watching or directing the work will be worth while.

Children between three and six years enjoy putting things together. There are cubes in graduated sizes, which may be put inside each other, or piled up in many ways. There are cylinders in sets of ten sizes, made to fit into holes of the same size. These things give training in judging of the relative sizes of objects, and the child spends his time with them profitably.

The nurse must take care that she does not permit the child to overdo and so defeat the very object for which she is striving, the improvement of the child's physical health. A child in health cannot keep his mind and

attention upon one thing very long at one time, and the child who is ill tires even more quickly. The amusements and occupations should therefore be as varied as may be, and there should be periods of as complete repose as the child's disposition will permit.

If there are other children in the family who are admitted to the sick-room, or if visitors are allowed, all sorts of games may be undertaken. A book of games may be gotten from the public library and some new ones learned. ("Games and Songs of American Children," by William Wells Newell is a good one.) There are many guessing games, both simple and intricate, which may be used according to the age and mental development of the child. There is the well-known "Bachelor's Kitchen" and others similar games. There is one called "My Household," which may be played by few or many, the child beginning with the verse

I had a little (lamb) and my (lamb) pleased me
I fed my little (lamb) beneath that tree,
My little (lamb) went (M-a-a).
Other folks feed their (lamb), I feed my (lamb)
too.

For each verse the children choose a different animal and in the third line imitate its cry. It becomes a noisy game, as the chorus consists of all the animals together.

If the child may go out-of-doors, there is much of interest to be found. The child may be blindfolded and all sorts of things brought to him to be guessed by smelling or feeling of them. If the ground is not too damp, the child may be lifted to a cushion placed by a sand-pile and can make all sorts of things there, houses, rivers, lakes, villages, gardens, etc.

It is not difficult to arrange a sand-box for indoors. A shallow wooden box small enough to be propped on the bed, with a small amount of moist sand in it, will be a source of great pleasure to almost any child.

A little ingenuity, a few books from the library, and a real interest and love for children will make the nurse's task of entertainment an easy one.

What a Pupil Nurse Should Know When She Leaves the Operating Room

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WHEN a pupil nurse leaves the operating room, she should be sufficiently apt and informed to take the place of the supervisor while on her vacation, or to go to take charge of any other operating room of equal calibre. We all learn new things every day, and while she would not be expected to know everything, she should have learned how to find out everything, by referring her dilemmas to the proper people. I do not advise giving pupils a full term in the operating room who do not show special aptitude for that line of work. While the service is divided necessarily into at least three parts, by nature of the patients' preparation, (1) anesthetic nurse, (2) unscrubbed nurse, and (3) scrubbed nurse, any pupil is going to show the stuff she is made of before one week goes by, since the three services are interdependent.

The facts of this sketch were found in the conduct or observation of operating rooms in not only large general, but famous special and small suburban hospitals as well. There is great scope in the position of an operating-room supervisor for teaching. All the fatigue should be thrown on the pupils, and every atom of responsibility they can carry, night and day, to save her strength and keep her fresh and rested, serene and bright, year in and year out, to cope with the trying emergencies that must arise. It will be better for surgeons, patients and nurses.

The supervisor cannot be everywhere at once, but if she foresees and instructs early and has the good-will of the surgeons and anesthetists they will gladly help her to instruct the pupils. She should have at least two vacation periods wisely spent, to

conquer overstrain and build up a reserve of energy.

Anesthesia—The pupil usually begins in the anesthetic room, following the patient into the operating room and staying there till the first incision is made. She must at the end of that term of service know the following points:

1. Deterioration of chloroform when exposed to air. Purchase in twenty-five (25) gramme bottles.
2. Evaporation, waste and deterioration of ether—quarter-pound cans.
3. Uses of ethyl chloride, cocaine, gas, oxygen, ether, chloroform, stovaine.
4. Rectal anesthesia.
5. The method of "setting up" the anesthetic room for the various anesthetics.
6. The preparation of the patient: Removal of false teeth and jewelry, opening gown at the neck, putting on vaseline to prevent burns.
7. How to put the patient on the operating table properly in various positions. (a) dorsal; (b) Sims; (c) lithotomy; (d) Trendelenberg; (e) kidney.
8. How to make ether cones, eye pads, covers for inhalers.
9. How to disinfect or cleanse mouth pieces.
10. The care of the anesthetist's tray—towels, pus basins, hypos, preferably the Greeley units all ready, tongue clamp, mouth gag, suture for the tongue, pocket light.
11. How to hold the jaw when patient swallows his tongue, and how to sponge out mucus.
12. Administration of amyl nitrite, oxygen and artificial respiration.

13. Preparation of stretcher for patient to go down to his bed.

14. Care of patient after operation on the way down-stairs; arms pinned up, pus basin near by, head protected, blanket underneath, *brought up* around patient.

15. Observation of bed to which he is taken; hot water bottles removed.

16. Care of chart record of urine—calling the house surgeon's attention to any unique condition charted.

17. Tonsil cases laid face down on stretcher.

UNSCRUBBED NURSE

While the anesthetic nurse may only be the ward pupil and not regularly in the operating room, she has the responsibility of those features. But the unscrubbed nurse is assisting the scrubbed nurse all this time.

1. Fastening up gowns.

2. Dovetailing many different duties together.

4. Opening packages.

5. Watching visitors to keep them away from sterile tables, providing armless gowns for them.

6. Boiling up instruments that were dropped on the floor, or not yet put out, or between two wounds, or every time they are used, as in bone-plating.

7. Listening to every word each *actor* says, but to nobody else, if possible.

8. Care of patient for shock, hot blankets, bottles, hypo.

9. Mechanism of table to raise or lower; shoulder pieces for Trendelenberg; stirrups.

10. Record of sponges, needles, gloves, catgut, for safety of patient or expense of operation.

11. Mechanism of all electric appliances—cautery, bronchoscope, cystoscope, laryngoscope, rheostats, transformers, drop-lights, ventilators.

12. Method of cleansing these, since the operator usually takes them with him.

13. Care of fumigating cabinet for steril-

izing instruments of this nature which cannot be wet.

14. Dusting and polishing the whole operating room, asking what everything is for, so as to put her finger on it instantly when it is called for.

15. Observing the arrangement of the room when the surgeon and his assistants "close in for action," one of the most interesting moments.

16. How to care for the surgeon's comfort, if he gets (a) pus in his eyes—boric acid; (b) cut in finger—carbolic and alcohol; (c) his glasses—take off and readjust after cleaning; (d) perspiration—to wipe off without infecting anything.

17. Bandaging: (a) Capeline; (b) Velpeau; (c) Stump; (d) Barton, etc.

18. Record on a slip the operation, drainage, stimulation and anesthetic to send to ward for information of nurses there.

19. Save all urine catheterized, and all specimens, such as appendix, tumor, cyst, etc., for the laboratory.

20. See all that is to be seen, not to be outside at the psychological moments.

21. Report all broken or ruined articles, cut catheters, etc.

22. The steam from the sterilizers and the fumes of the anesthetics deaden most people's sensibilities. The nurse must conquer that and keep her head clear so as to have presence of mind.

23. The aim of the management should be the minimum of fatigue for the pupils, but the greatest excellence in their work.

24. Quick application of restraint for an obstreperous patient.

25. Handling of sandbags, pads, folded sheets, etc., to adjust operative area to surgeon's liking.

26. Preparation of douches, of acetic acid, hot water, etc., being sure of *formula* and *temperature*.

27. Turning tonsil case deftly with rubber sheets.

28. Use of ice towels for same.

29. Preparation for hypodermoclysis infusion or lumbar puncture "on the table."

30. Lavage after operation.

31. Ordering Gatch bed on ward in time, for drainage cases.

32. Telephone messages for attending or house surgeon brought to them, *written* accurately.

33. Keeping work going on behind the scenes all the time, linen picked up, instruments scrubbed, dressing covers folded, gloves washed.

INSTRUCTION

The head nurse should outline the work of the surgeon to be done in each case, briefly reviewing the anatomy of the structures involved, leading the pupil to deduce what instruments and dressings will be required. The points of instruction in general in the working of the operating rooms, not elsewhere classified, are as follows:

1. How to remove covers of gauze supplies, basins or tanks.

2. How to drop acetamidid or collodion on or pour saline into a wound.

3. How to measure oxygen in a tank with a gauge.

4. How to bring in sterile basins.

5. How to keep aloof from sterile things.

6. How to put on a tourniquet.

7. To hold all kind of specula and retractors.

8. To give a hypo.

9. To run the cautery.

10. To care for a cataract case, to prevent disorientation.

11. To follow the engineer's instructions about lights, valves, faucets, etc.

12. The mechanism of autoclaves, and drums, the basin, water and instrument sterilizers.

13. The plumbing of the cold coils on *two* water tanks, foot treads for water supply, soap holders, waste pipes, etc.

14. To sharpen commoner instruments, razors and scalpels, with strap and hone, oiling the stone.

15. To test all instruments for sharpness, bite, spring, etc.

16. To change the ventilation, light, shades and heat.

17. To keep out flies.

18. To put things away sterile or unsterile.

19. To keep calcium chloride in the cabinets to absorb moisture.

20. The arithmetic of all solutions.

21. To keep needles in boxes—classified.

22. To boil needles in metal boxes, with holes like a sieve.

23. The use of Soloid tablets for quick handling in eye work.

24. To prepare skin, with iodine, or benzine, or other special methods.

25. To shave well in haste.

26. The use of tanks and irrigators.

27. Peculiar apparatus: (a) Spoon for gallstones; (b) Murphy button; (c) gigli saws; (d) sounds, nicked very often to keep smooth.

28. To get slides or test tubes sterile for smears and cultures.

29. To keep glass goods sterile: (a) graduates; (b) catheters; (c) catgut tubes.

30. To grease jointed instruments when putting away.

31. To boil cutting-edged instruments only so long.

32. To refrain from boiling hard black rubber goods or ivory-handled knives.

33. To follow all the technique designed by the staff.

34. Names of all the main operations.

35. To conduct genito-urinary operations modestly.

36. Definitions of terms orrhaphy, otomy, ectomy, etc.

37. To put into practice all the theory of anatomy taught in class.

38. To work for *praise*, and try to make each sense ten times sharper than if on the ward, remembering that in the operating room the nurse is not the leader, as in the ward, nor has she the control.

DRY WORK ROOM OR SUPPLY ROOM

It is imperative that all the supplies for the hospital should be under the control of the operating room, in order to centralize the selection, management, distribution and grades of all cotton, crinoline, gauze, etc. In this way the pupils can study economy in handling and cutting goods. In the supply room or dry work room the following points are observed:

1. Daily distribution of ward dressings.
2. Sale of sterile goods to doctors.
3. Making plaster bandages—and keeping them.
4. Seeing the bills for goods, and comparing with revenue from operating-room fees.
5. Organizing ward work by the patients in supplies.
6. Review of ward instruments for exchange and repair weekly, and of ward dressings, to see that none are hoarded in reserve.
7. Making a big reserve supply of dressings to have in case of: (a) Illness of nurses; (b) extra sales to surgeons; (c) accident to sterilizers; (d) or repairs.
8. Making saline, iodoform gauze, Buller shields for eyes. It would be an ideal arrangement for the office to sell the operating room its supplies in paper money, and have it make its expenses on its revenue from fees and sales.

9. Dusting and scrubbing walls and furniture.

10. Mopping during and between operations.

11. Doing up silk sutures and silk gut, dry or wet.

12. Handling catgut, but not preparing it, since it is a responsibility that a hospital need not throw upon nurses when they are so hard to get.

13. Mending gloves and sending to the wards, dry for emergency, wet for regular work.

14. Cutting bandages, in mitre box, and rolling muslin and flannelette bandages.

15. Setting up cool, refreshing drinks for the surgeons on hot, humid days.

16. Making tape sponges and affixing rings thereto.

17. Cutting out all kinds of dressing and binders, and making them with one sleeve, for breast amputations.

18. Ordering especially good bandages for eye and ear work, by the pound, or in sealed packages.

19. Making cotton jackets for the obstetrical service.

20. Distinction between operating-room and ward dressings and covers.

This work is carried on between operations by both the anesthetic nurse and the unscrubbed nurse, where there is a force of three.

(To be continued)

Pennsylvania

The Twelfth Annual Meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held in the Assembly Room of the Seventh Avenue Hotel, Pittsburgh, Pa., Wednesday, Thursday and Friday, November 11, 12 and 13, 1914.

It is hoped the nurses will make an especial effort to attend the sessions as the committee has made every effort to make them of interest to nurses doing any branch of the work.

The public is also cordially invited to be present at any or all of the meetings.

Department of Public Welfare

Conference of Catholic Social Workers

On September 21, 22, 23, there was held in Washington, D. C., the biennial session of the Conference of Catholic Social Workers. The meeting place was the Catholic University, whose spacious halls are well adapted for the purpose. The whole Conference was most interesting and inspiring, and every phase of modern charitable endeavor was touched upon. Of especial interest to nurses were two papers, one on "Medical Oversight of Institutions," the other "The Parish Nurse." The first paper, by Dr. Edward Mallon, of Philadelphia, took a very comprehensive view of the duties of the resident physician. To illustrate his subject, Dr. Mallon sketched for his hearers an ideal institution dealing with children. He held that the doctor's duties began when the buildings were planned, that he should be consulted on proposed ventilation, heating, lighting, etc. It must be the doctor who shall decide on the diet, physical exercises and recreations of the children. If any child complained of feeling ill, it was at once to be sent to the infirmary, but the nurse in charge was on no account to do any prescribing or use any but the simplest methods of alleviation until instructed to do so by the physician.

In curious contrast to this paper and immediately following it, was a most instructive essay from Mrs. Mary Fox, of Pittsburgh, on the duties of a parish nurse. Mrs. Fox drew a very interesting picture of the two methods of doing district nursing. She showed her audience how it was possible for a nurse with the best intentions to accomplish little or nothing unless she was both resourceful and initiative. The "parish

nurse," as depicted by Mrs. Fox, must have sufficient self-confidence to meet the minor ills of life without waiting for the doctor to arrive. She must also have "a good constitution, a cheerful disposition, a sense of humor, infinite patience, tact and a real love for her fellow men." This enumeration of qualities called from some one in the audience the remark that "such a woman was ready for canonization." Mrs. Fox agreed, but still insisted that all these qualifications were essentials. The plan was proposed that several parishes might unite to engage such a nurse, the average salary being \$75 per month. The nurse should report all cases of destitution or spiritual need to the priest of the parish where the case is located. Mrs. Fox made an appeal for trained nurses who would undertake this important and really missionary work.



Course for Child Welfare Nurses

Health Commissioner Ruhland, of Milwaukee, Wis., has completed arrangements for a post-graduate course for child welfare nurses, to be given in the shape of twelve lectures by Milwaukee physicians on diseases of children. As part of the course, practical demonstrations will be given at the Milwaukee Infants' Home Hospital.

Nurses engaged by the department have had a general training, but have not specialized in children's diseases and problems.



Child Welfare in Kansas City

The child welfare stations in Kansas City, Mo., report that mothers are availing themselves of the clinic and prenatal in-

struction of the nurses and physicians, and that there are fewer sick babies this year than ever before. There is a growing market for goats in the poorer districts, which, according to the board, shows the wisdom of North Side mothers. Goat's milk is the best food for infants up to the mixed diet period, and because of the lack of expensive up-keep of the animals the milk has a relative cost of 1 cent a quart, with which commercial milk cannot in any way compete.



Mothers' Clinics

Seventy-five mothers and infants recently attended the weekly clinic held at the First Ward Community House at Front and Reed Streets, Philadelphia, Pa. The babies were weighed and their physical condition made the basis of advice to the mothers. Miss C. B. Gladwyn, of the Chester Hospital, gave a talk to the mothers on the proper dressing of infants during late summer and early fall weather.

One of the interesting features of the work of the community house is the development of the social side, as the mothers of the neighborhood are beginning to use it as a meeting place. It is planned to widen this feature of the work, and as soon as cold weather comes, dances, plain and interesting talks on various topics, and sewing circles will be started.



Qualifications for Public Health Nurses in New York State

The New Public Health Council, organized under the laws of 1913, issues the following statement:

"In regard to the public health nurses, the law provides that:

"The Commissioner of Health, whenever he may deem it expedient so to do, may

employ such number of public health nurses as he may deem wise, within the limits of his appropriation, and may assign them from time to time to such sanitary districts and in such manner as in his judgment will best aid in the control of contagious and infectious diseases and in the promotion of public health.

"For supervising public health nurses the Public Health Council has established the following qualifications:

"1. They shall be registered nurses.

"2. They shall submit evidence, satisfactory to the Public Health Council, of training and experience of not less than two years after graduation, in one or more of the following lines of work: (a) maternity work; (b) infant welfare work; (c) social service; (d) tuberculosis work; (e) care of communicable diseases, and (f) school nursing.

"3. They shall be, when appointed, not less than twenty-five years of age.

"For public health nurses (other than supervising nurses) it is provided that:

"They shall be registered nurses twenty-one years of age at the time of their appointment."

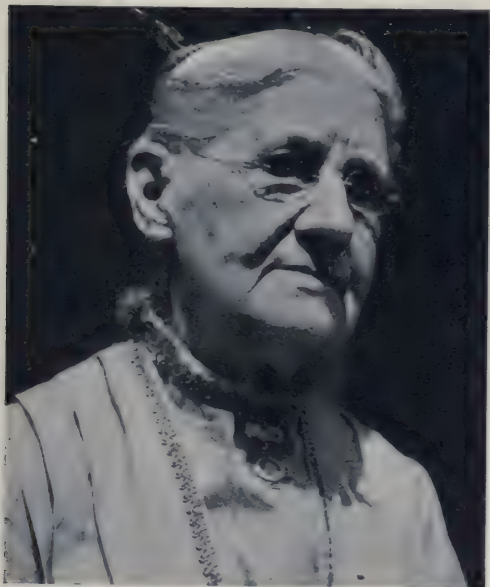
The New York State Health Department is planning a still more active campaign in tuberculosis work than has been previously followed. Dr. Otto R. Eichel, sanitary supervisor in the State Health Department, formerly chief of the division of tuberculosis in the Buffalo Health Department, later first superintendent of the J. N. Adam Memorial Hospital, Buffalo's municipal institution for incipient tuberculosis, is making an extensive survey of all the county tuberculosis hospitals in the State with a view to enable the State Health Department to advise with the trustees of these institutions as to their further development and future needs.

Editorially Speaking

Nurses of the Past

At the time of the annual meeting of the Grand Army of the Republic in Detroit in September, there gathered in that city a group of silvery haired elderly women representing the nurses still remaining of those who served as volunteer nurses during the Civil War.

While training school graduates were few in number at that time—if, indeed, there were any to be had in America, outside of the few in hospitals—the gentle art of ministering to the sick was practised by those who offered their services in those stirring times. Then, as now, women in the Army hospitals watched by day and by night over sick or wounded soldiers, and women at home rolled bandages, made bed slippers and gowns and all sorts of “homey” articles designed for the comfort of the sick.



MRS. REBECCA PRICE, PRESIDENT OF THE
CIVIL WAR NURSES



MRS. PRICE AT THE TIME OF THE CIVIL WAR

Several social affairs were arranged in honor of these gentle-voiced nurses of the past while they were in Detroit, and the president of the Civil War Nurses, Mrs. Rebecca Price, was the guest of honor at a delightful luncheon given by the Spanish-American War Nurses, who were meeting in that city.

This is not the first time that the Spanish-American War Nurses have done honor to the nurses of the Civil War, as they have on every occasion, where it was possible, extended courtesies to these splendid nurses of the past.

Superintendent of the Army Nurse Corps

The appointment of Miss Dora E. Thompson as superintendent of the Army Nurse Corps will cause much rejoicing among those who have always contended that this position should be filled by promotion from the corps. The new appointment is a happy one, as Miss Thompson is a nurse of much ability, and has had wide experience in Army hospitals, having served as head nurse both in this country and in the Philippines. She knows the corps from A to Z, an advantage not enjoyed by all of her predecessors. Under Miss Thompson's guidance we shall hope to see the Nurse Corps take its place as an important part of the Army of the United States.



Which Nurses Should Be Under Supervision

In an editorial which appeared recently in a contemporary journal, Dr. Henry M. Hurd, of Baltimore, writing on the question of State registration of nurses, calls attention to the need for revising nurse registration laws so that they will really protect the public. He also voices the need for a system of training for sick-room helpers—attendants, if you please to call them so—whose services can be used to supplement those of the fully qualified nurse. His article ends as follows: "*To these (the latter class) should be given an assured position in the training system of each State, and their work should be organized, supervised and improved.*"

This is the ideal for which THE TRAINED NURSE AND HOSPITAL REVIEW has striven for years. The folly of examining, testing, supervising and inspecting *only the best trained nurses*, and of allowing those most in need of supervision and improvement to multiply themselves and do their work in the field at large without a question as to

their fitness to serve in sick-rooms has been apparent for years to all but those who were too blind to see.

To a great many nurses registration is an ornamental appendage to be used to exalt a comparatively few nurses who choose to apply for it—not a means for protecting the public. If the real desire was to protect the public, they would quickly set in motion measures to weed out the unfit who are practising in sick-rooms, and to improve those who are fit, but who need assistance in order to increase their efficiency.

For a good many years the insistence that all who nurse for hire should be classified, trained to a certain point and placed under some form of supervision, seemed as a voice crying in the wilderness.

This is the principle for which the different committees of the American Hospital Association have been striving, for a system which would form a basis of improvement for all who serve as nurses in the sick-room.

Whether these nurses shall be called nurses or attendants or sick-room helpers or invalids' aides or something else does not affect the principle that all who nurse the sick shall be under some sort of supervision and be made to conform to a reasonable standard.

The public will call those who care for the sick nurses, and no law will stop them doing so. It matters little what trained nurses *wish* the public to call them. The practical utilitarian qualities of the so-called "practical nurse" or "household nurse" will always be in demand, and the sensible thing to do is to frankly recognize that she has a place in the system of caring for the sick and help her to fill it as efficiently as possible.

It is matter for congratulation that the American Hospital Association, realizing its responsibility for working out a system for providing proper care for all classes of the sick, is seriously and continuously studying this problem. Representing as it does in its membership doctors, nurses and laymen

conversant with the needs of the sick, no other organization is so well fitted to deal wisely and sanely with the question of how proper care for all classes of the sick may be secured.



Giving the Pupil Nurse a Square Deal

Few phrases have become more common in recent years in nursing circles than "a square deal for the pupil nurse." This never fails to elicit applause in any audience where nurses are represented. It is almost as good for a battle-cry as "Don't Lower the Standards," or "A Universal Standard of Efficiency for Nurses." It sounds well to be pleading for a square deal for the pupil nurse, but what does it mean to give a pupil nurse a square deal—just what are we pleading for? Do we mean to infer that all pupil nurses are not getting the square deal?

If we could agree on what a square deal was, or is, we might some day hope to attain it, but at present the attitude of some prominent nurses seems to resemble closely that of the man who did not know to which political party he belonged, but he knew he was always "agin the government." "We cannot agree upon what a square deal is, but we know pupil nurses are not getting it," is about the attitude of those who hope to gain popularity by insinuating that pupil nurses are not being dealt with fairly.

To some the square deal resolves itself into adding on hours and hours of class work, in the driest of dry subjects, under the fixed delusion that thereby they are benefiting the pupil nurse and "lifting the standards."

In one curriculum sent out to schools in a certain State recently, fifty-two hours of class work in hygiene were prescribed for first-year nurses. A young physician who saw the curriculum remarked that he got through his medical course a year or two ago, with twenty-six lecture hours in

hygiene, and this in one of the highest grade universities in America.

The same curriculum included weekly lectures during the entire first year on "The History of Nursing," leading to examination on this subject. These are only two illustrations of some present efforts, supposedly on behalf of pupil nurses. It is quite likely that the framers of this curriculum felt they were helping to secure a square deal for first-year nurses. But were they? Poor first-year nurses! The graduates of fifteen or twenty years ago may well pity them, if they are forced to add these extra hours to an already full to crowding first-year course.

What does the first-year nurse most need? Most of all, she needs to get a satisfactory working acquaintance with "the tools of the trade," to fit herself successfully and comfortably into the new world she has entered, and of which she is to be a part for two or three years. She needs to get a proper conception of her relation to the officers and directors of this new world of suffering; to be given the foundation principles on which a nursing education is to be built—*essential things which she must know* in order to minister to her patients properly during that first year and later on.

Why should any one want to force that struggling first-year nurse—bewildered as she must be with the confusion of new ideas which she must take in—bewildered with the problem of adjusting herself to a new world, differing widely from the world from which she has come—why should any one want to force her to go back to the beginning of creation and pass an examination on the nursing methods in use before the flood? Any individual who insists on subjecting the first-year pupil to such drudgery should be reported to the humane society.

If we can have an authentic history of nursing, one in which the statements are reliable and based on fact, one which is not a vehicle to circulate the prejudices of its author, then let it be placed in the training

school library, let pupils in every year be encouraged to read it; let talks on nursing in the dim past be given, but in the name of all that is just, fair and reasonable, let us not require pupil nurses in any year to pass examinations in three or four ponderous volumes of history which can hardly be called *essential* to prepare one to properly care for the sick. Do let us leave a few books for the nurse to look into after she graduates.

THE STANDARD CURRICULUM OF THE AMERICAN HOSPITAL ASSOCIATION

It is five years since the standard curriculum of the American Hospital Association was adopted. In a score or more of States efforts have been made to outline a curriculum for schools of nursing since that time. It is safe to say that the American Hospital Association's curriculum has yet to be improved upon. It is a question whether very many schools can say that they have yet measured up to its standards in every particular. It was asked for by the Association in order that schools might have some practical guide as to what were the *essentials* of a nursing course. Its adoption marked an epoch in hospital training school history, being the first general agreement by hospital authorities as to what their educational responsibilities really were. It still stands as the one authoritative guide for hospital schools. It will bear close study. In it the practical and the theoretical are more fairly balanced than in any curriculum that has come to our desk since it was issued.



Nurses and Labor Laws

There is perhaps no one question which is fraught with such tremendous import to the cause of nursing as the attempt to place hospitals and nurses under union labor laws. That such efforts have been stamped with the approval of well-known nurses, who rank

high in the councils of nursing organizations, may serve to blind the unwary to the dangers of such legislation. It does not, however, minimize those dangers.

What would it mean to you as a superintendent if, when an emergency operative case is brought in, after the operating room nurses had been on duty eight hours, you would have to call the walking delegate of the local labor union to secure from him assurance that the emergency was sufficient to justify nurses being recalled to assist at the operation, and that you would not be prosecuted if you called them to assist in the emergency?

What would it mean to have to relieve a nurse during the crisis at childbirth because her eight hours were up, and you would be prosecuted if you allowed her to stay till the birth was accomplished?

What would it mean to the spirit of your training school if you felt positive that among the probationers you had admitted there were spies, who were there because of their sympathy with the labor unions, and who would report to the walking delegates that you had kept a nurse who had dilly-dallied with her work till she had finished it?

Yet all this is happening where labor unions have succeeded in bringing nurses and hospitals under their domination. The trouble with hospital people is that they hear of such legislation but think it absurd, and imagine it could not possibly come to pass in their State. It is probable that other States besides California will wait till the precious law is on the statute books before they will wake up enough to organize so as to be ready to fight such measures effectively.

Miss Anne A. Williamson, superintendent of the California Hospital, Los Angeles, presented this subject in a most masterly manner before the sixteenth annual conference of the American Hospital Association at St. Paul, and we are happy to be able to give her paper to our readers in this issue.

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

The Non-Commercial Exhibit at the St. Paul Convention

Apart from the meeting of fellow workers in the cause of hospitals, the most interesting feature of the conventions to a great many members is the non-commercial exhibit of appliances and devices invented or arranged by hospital people, and the St. Paul exhibit was no exception. The exhibit room has also done a good deal in promoting sociability. From morning till late at night, except when convention sessions were in progress, one could be sure of finding in the exhibit section an interested group of people, notebooks in hand, eager to carry back to their hospitals as many practical new ideas as possible.

As usual, the local hospitals contributed largely to the exhibit. The Northwestern Hospital, Minneapolis, contribution included dressing tray, support for counter extension, demonstration of method of obtaining specimen of urine from infants, basket for premature baby, and some special bandages.

Bethesda Hospital, Minneapolis, sent a pasteurizer, medicine tray, stomach pump, and some interesting charts and pictures.

St. Barnabas Hospital, Minneapolis, contributed an improved extension apparatus, a maternity dressing tray, tongue depressor, chart stand and chart board, and the bag used by their social service nurse.

Eitel Hospital sent a laparotomy set and a glove set. Asbury a home-made baby incubator.

The Swedish Hospital, Minneapolis, exhibit included a complete private tray, a dressing and irrigating carriage with equipment, standard for oxygen and plans of their new addition.

St. Luke's Hospital, St. Paul, and the West Side General Hospital contributed specimen charts, records, pictures, etc.

University Hospital, Minneapolis, sent an interesting exhibit of occupations for invalids, surgical supplies and training school records.

The City and County Hospital, St. Paul, sent a collection of X-ray plates, three dressing trays and a counter-extension and arm supporter.

St. John's Hospital, Red Wing, contributed a

breast binder, an operating room hand muff and a suture holder.

The State Tuberculosis Association had a splendid photographic exhibit. One item which attracted a good deal of attention was an adult doll most comfortably fixed, to show off a sleeping bag in use at the sanitarium.

Hartford Hospital, Hartford, Conn., had a varied and interesting collection of articles, among which were a thermometer tray, cupping tray, hypodermic tray; set of charts used in teaching cost of ward supplies; a large book of hospital photographs and forms; a collection of magazine articles to be used in invalid occupation; a tea cosey made of paper and sheet wadding, for use on patients' trays; and the famous collection of articles illustrating the misuse of hospital appliances.

Bronson Hospital, Kalamazoo, Mich., contributed an improvised liquid soap container and a safety pin sponge count; and U. B. A. Hospital, Grand Rapids, an obstetrical sheet and a dressing sheet for goitre cases.

Other hospitals which contributed one or more articles to the exhibit were Kingston (Ont.) General Hospital; Jewish Hospital, St. Louis, Mo.; Washington County Hospital, Washington, Iowa; Ohio Valley General Hospital, Wheeling; Physicians and Surgeons Hospital, San Antonio, Texas; Threda Clark Hospital, Neenah, Wis.; Christ Hospital, Cincinnati; German Hospital, Kansas City, Mo.; Rochester State Hospital, Minn.; Aurora Hospital, Aurora, Ill.; Robert Packer Hospital, Sayre, Pa.; Contagious Disease Hospital, Buffalo; Peter Brigham Hospital, Boston; Presbyterian Hospital, Chicago; Lakeside Hospital, Cleveland; Emerson Hospital, Forest Hills, Mass.; St. Joseph's Hospital, St. Paul; Thomas Hospital, Minneapolis; German Hospital, Chicago.

The Boston Dispensary contributed a collection of interesting social service charts.

Battle Creek Sanitarium had one of the most interesting collections of articles in the exhibit. It included a demonstration of methods used in post-operative care, with a doll as the subject:



THE NON-COMMERCIAL EXHIBIT OF THE HOSPITAL CONVENTION AT ST. PAUL

electric pack, chest pack, sleeves, stockings, fomentation cloths, friction mittens, ice bags and a splendid photographic exhibit.

A collection of dolls in nurses' uniforms added a bright touch to the exhibit rooms, and showed a variety of styles of uniforms; *summer* collars for nurses were in evidence, as a distinct sign of progress.

Altogether the exhibit committee deserve the highest appreciation for the splendid exhibit arranged. No one knows, except those who have tried it, the amount of thought and labor that has to be expended by the chairman of an exhibit committee and her associates to plan for this feature of the convention and carry it through successfully. Miss Keller and Miss Hartry, the local members of the committee and their local associates, demonstrated that so far as hospital equipment and methods are concerned, the Northwestern section can be depended on at any time to give a good account of itself.



The Misuse of Hospital Appliances

In the non-commercial exhibit of the New York Convention of the American Hospital Association, no feature attracted more attention than the exhibit of the misuse of hospital appliances, arranged by Miss Sutherland, of Hartford Hospital, as an object lesson to pupil nurses in what not to do. By request, this collection formed a part of the exhibit at the St. Paul convention, and, as before, proved one of the most interesting parts of the exhibit.

The collection of articles ruined by misuse is varied, and has grown somewhat since first shown. Without question, most hospitals could furnish a similar exhibit in a year or two, if any one cared to save the ruined appliances. The articles or such parts of them as illustrate the result of misuse, are arranged in flat, square, cardboard boxes. These were as follows:

Destruction of polished woodwork by hot water, soap and alcohol.

Result of nurse splashing gown with Labarraque's solution.

Destruction of rubber by oil.

Sling used to clean ink bottles.

Burnt rectal tube.

Burning of bedding, blankets, sheets, spread, mattress, etc., by leaving 16-candle-power lamp with shade on bed for one-half hour.

Broken glass syringe.

Result of uncovered hot-water bag lying on glass-top table.

Result of boiling an infant's woollen stocking.

Result of putting rubber tubing away with clamp down.

Destruction of rubber cap by ether.

Result of using towel to wipe up tincture of iron.

Result of 16-candle-power drop-light left in contact with mirror in a dresser.

Result of steam sterilization of celluloid combs.

Result of placing silver teapot over gas flame.

Child's leather shoes spoiled by steam sterilization.

Bathroom rug with olive oil stains. Beneath it paragraph clipped from *THE TRAINED NURSE* as follows:

"A friend recently told me with horror in her eyes that she had just had a trained nurse who had actually spilled olive oil on her bathroom rug and the spots would not come out. 'Why,' said she, 'I who have never been in a hospital used it myself for weeks without spilling a drop.' Alas for that nurse! Of what use has her training been to her, if she occasionally spills olive oil. As long as the bathroom rug exists in that home, the name of nurse will not mean the sweet-faced, ministering angel, the tower of strength, the kindly presence. No! It suggests but one thing—unremovable, unfadable, unpardonable spots."



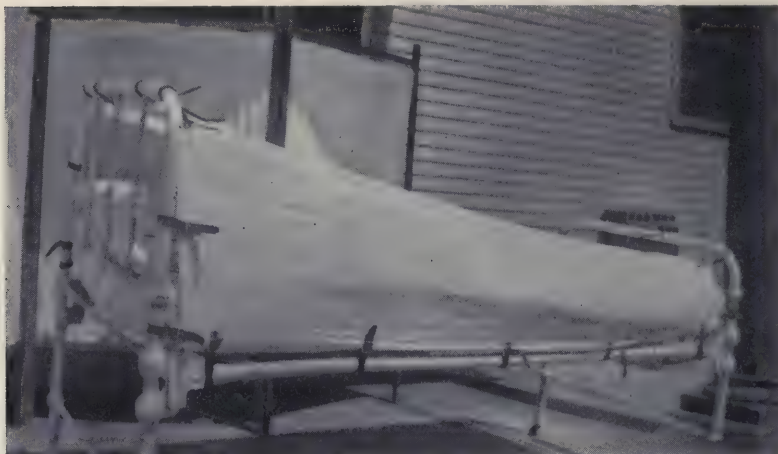
The Training School Report

An interesting and important part of the annual report of the hospital should be the report of the training school. In some hospital reports it consists of a page or so of dry figures about the number of nurses, to which is appended such stereotyped phrases as "The general health of the nursing staff has been good," or "Thanks are hereby tendered to the staff of lecturers for their valuable services," etc. These statements are good, but they do not tell the whole story or half of it—neither do the figures.

There is no real standard for such a report and the training school superintendent who has to prepare one for the first time may properly feel somewhat "at sea" as to what to state and what to omit. Her difficulty is increased if accurate records of the training school have not been kept.

The following items recommended by an English writer in the *Nursing Times* as worthy of being included in the report, will be suggestive:

"An annual report of the nursing staff should include the number of applications received during the past year for probationers', staff nurses', and head nurses' posts; how many of these were accepted for training, and the vacancies that have



MILD RESTRAINT

occurred from time to time, with the reasons for leaving. The present number of the nursing staff should be stated and compared with that of the previous year; any additions, reductions or promotions will be noted. A short paragraph may be devoted to the subject of the nurses' health, with brief notes and dates of any illness, operations or epidemics among them. Alteration in housing, period of training, uniforms, etc., should find a place in the annual report. All courses of lectures that have been given must be stated, as well as the examination results as a whole, any nurse who has specially distinguished herself being mentioned by name. Prize and certificate winners should be given a place of honor, and any good position or outside distinction gained by a former nurse may well also be included. Length of service among the more permanent officials, such as the heads of departments, should be stated, as it speaks well for their happiness and contentment when these stay on in the same hospital year after year.

"A monthly report will deal with the disposition of the nursing staff on night and day duty among the various wards and other departments; any changes among the head nurses from ward to ward; absences due to holidays or sickness."



Mild Restraint

It is very necessary with cases of paralysis, typhoid, pneumonia or chorea to exercise a mild restraint of which the patient himself is not aware. These "sides" are recommended, having

the warm approval of the physicians at New Rochelle Hospital, where they were first designed.

The materials are made of stout duck, with substantial hems, a pair to a bed, left and right. They are buckled to the bed—head, side and foot—with stout leather straps and buckles, sufficient in number to prevent a leg or a shoulder from sliding through. These sheets are wider at the head than at the foot, coming nearly to the middle of the topmost rung of the bed. If there is no vertical bar in the head of the bed to which they may be securely fastened, they may be joined by a strap across from one to the other. This is necessary at the foot, where there never are any vertical bars.

They can be made, also, in a roll, 12 inches long by $4\frac{1}{2}$ inches in diameter, such as any district nurse could put in her bag.

The cost is very low and the work may be done by a friendly harness maker who will pointedly forget to send in his bill. Anything to reduce strain on the nurses is a good investment.

Length of sheet when finished—5 feet, $11\frac{1}{2}$ inches.

Width at top— $26\frac{1}{2}$ inches.

Width at bottom— $20\frac{1}{2}$ inches.

Width of hem— $\frac{3}{4}$ inch.

Length of straps along sides—12 inches.

Length of straps across sheets at foot—right, 2 inches; left, 16 inches.

Cost of duck per yard— $12\frac{1}{2}$ cents.

Weight all finished— $2\frac{1}{2}$ pounds.

Harness maker's price for leather materials varies.

Amount of duck used— $4\frac{1}{2}$ yards.

For this description and the accompanying



MILD RESTRAINT

photographs we are indebted to Miss Amy A. Armour, New Rochelle Hospital, New York.



A Course in Hospital Management

A post-graduate course for nurses in hospital management will be established at St. Luke's Hospital, San Francisco. The *Pacific Coast Journal of Nursing* gives the following outline of the course:

"This course, being a new departure in St. Luke's Hospital, San Francisco, the details are subject to revision and correction during the course. The selection of the practical work for the students of this course is based on the purpose of providing practise in (1) governing the various departments of hospitals and schools of nursing, and (2) teaching student nurses. The work will, therefore, be about as follows:

"Assisting in the supervision of kitchens, laundry, linen room, nurses' home, wards, and the serving of food; the arranging of menus and special diets; the care of food and other hospital supplies, also assisting in the hospital office and the training school office.

"Physiology—lectures and recitations. Chemistry—lectures, recitations and laboratory. Organic chemistry. Household chemistry. Physiological chemistry. Food chemistry. Dietetics—lectures, recitations and laboratory. Bacteriology—lectures, recitations and laboratory. Methods of teaching—lectures and practice. Hospital—bookkeeping, lectures and practice.

"This course is open to graduates of registered schools of nursing who are twenty-five years of

age and over and can furnish evidence of moral, mental and physical efficiency.

"The applicant must secure application form from the hospital, fill out and send it to the director of nursing of St. Luke's Hospital, together with a letter from the superintendent of nurses of the school from which the applicant graduated, also letters from two or more responsible people under whom she has worked since graduation, and one from a physician stating the condition of health.

"Applicants must obligate themselves to remain in the hospital for six months. During this time their board and lodging will be furnished and a limited amount of laundry will be allowed. The only fee connected with the course will be \$15 to cover laboratory expenses and a deposit of \$10 must be made to pay for breakage of chemical appliances. Money not required for this purpose will be refunded. Students who satisfactorily complete the course will be given a certificate and efforts will be made to assist them in obtaining positions. Other courses are being planned, but they cannot be commenced nor can details of their nature be given at present."



The Laundry Problem in the Small Hospital

To the inexperienced hospital superintendent, especially the nurse graduate in charge of the smaller hospital, few problems present themselves more frequently for her attention than the problems incident to the laundry. There are so many things which can happen and do happen to inter-

rupt the satisfactory working of that department, and if she does not quite fully understand the machinery and the general details of the department she will find her difficulties greatly increased.

In the few hospitals giving adequate courses in hospital administration in this country, instruction in management of the laundry is given, and opportunity is afforded for a few weeks of practical experience in the laundry, working with the head laundress or manager of the laundry in every detail of the work, from the time the bags of soiled clothing come in till the loads of clean linen return to their places in hospital or home.

In at least one of the great hospitals in England a similar opportunity is afforded to nurses toward the end of their training period, as an optional experience, and has proven most valuable to those who have later on assumed the responsibility for the management of a hospital.

For purposes of study the chapter on the laundry prepared for the book, "Hospital Management," by Dr. Joseph B. Howland, of Boston, and the paper presented at the American Hospital Association convention in Detroit by Dr. Winford Smith, of the Johns Hopkins Hospital, are both most valuable.

A suggestion recently made by a hospital superintendent of long experience, who had found the laundry one of his most perplexing and continuous problems, is well worthy of consideration. He recommended that instead of the hospital authorities—superintendent, assistant or matron—continually worrying with the laundry question, that the hospital, where large enough, build and equip its plant and then turn the management of it over to an expert laundry man, with proper financial conditions, he to pay a certain sum for the use of the plant, but to be entirely responsible for the help required and for getting the work done just as if it were sent out to a commercial laundry.

Certainly such a system would relieve many a weary superintendent of much wear and tear and worry.



Notes and News

The Federal Government has opened a field hospital in Spartansburg, S. C., with accommodation for twenty-five patients. Dr. R. H. Herring, past assistant surgeon, public health service, will be in charge, and will have a corps of six scientists and physicians as assistants. The hospital is only temporary, as there is pending in Congress a bill appropriating \$300,000 for a more

pretentious institution here for the study and treatment of pellagra.

A movement in the Eastern District of Brooklyn is well on its way to fill a long-felt want among the poor of the Jewish colony. An organization is raising funds to erect a hospital which shall maintain a kosher kitchen, inasmuch as orthodox Jews have complained against the freely managed kitchen of the present Jewish hospital. The new hospital will run a kosher kitchen and everything will be done to satisfy the pious Jew whose feelings thus far have been neglected.

The society agitating for the new institution is known as the Williamsburg Hebrew Hospital Society.

Dr. Thomas Stephen Brown succeeds Dr. B. J. Andrews as superintendent of the Mary Fletcher Hospital, Burlington, Vt.

Dr. Simon F. Cox, for eight years superintendent of the Boston Hospital for Consumptives, has been appointed by the Yale University as general superintendent of New Haven hospitals, at a salary of \$10,000 a year.

Helen M. Garratt, formerly superintendent of the Lowell General Hospital and for a number of years superintendent of the Amsterdam Hospital, Amsterdam, N. Y., has leased the Coram residence at Lowell, Mass., and has opened a private hospital. The house, one of the most beautiful residences of Lowell, contains thirty rooms, four bath rooms, a social hall with a seating capacity of three hundred, and is admirably adapted for this purpose; under the management of Miss Garratt, who has won a reputation for great executive ability, success seems assured.

Esther V. Hasson, formerly superintendent of the Navy Nurse Corps, has accepted the position of superintendent of the Hospital and Training School for Nurses of the South Highlands Infirmary, Birmingham, Ala. The hospital is one of the best equipped in the South, with ninety beds and a remarkably active surgical service, and under the leadership of Miss Hasson a high degree of efficiency must be the result.

After twenty-five years as chief executive officer of the General Memorial Hospital, Mrs. A. M. Lawson will retire, it was announced, with the title of emeritus superintendent. This is an honor seldom given a woman, and never before to one in connection with a hospital.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Cost of Hot-Water Bottle Accidents

To the Editor of The Trained Nurse:

In the Hospital Department of the September number there appeared an article entitled "The Financial Side of Hot-Water Bottle Accidents," in which a certain case was cited, and in which opinions were asked for. Will you kindly give me a small space to answer the article. I think the patient by right should be cared for free of cost the days which he was confined to hospital from burn received at hospital. Also that his salary be paid for by hospital for same number of days. This is undoubtedly hard on the institution. Nevertheless the institution is directly responsible to the patient for attention or inattention he has received at its hands, and the pain of the burn should be, in my mind, as much as we should expect the patient to bear. Now the nurse in turn is responsible to the hospital for any extra expense she has incurred on the institution and if she is not in circumstances to pay the hospital the money she has been the cause of its spending, then at the end of her training she should volunteer to remain with that hospital, giving her services as a graduate nurse until she has paid every cent of money spent for her carelessness by hospital. I say "for her carelessness," because undoubtedly it is careless in a nurse to burn a patient. Yet if she is willing to repay the debt, I would not be one to say, "It is unpardonable and she must be expelled," for I have seen this terrible mistake happen to some very conscientious and efficient nurses, when working with extremes to save a life, or in some form being under great excitement. If I were the unfortunate pupil I would volunteer my services to my hospital until the debt was paid. Neither would I consider myself a loser of the time, as I would be getting the experience of a graduate nurse in an institution which is very much different than that of a pupil nurse. Thanking our editor for space, I will anxiously await "the answers from other nurses to this question" through our valuable magazine.

A. McC., R.N.

A Heroine of Peace

To the Editor of The Trained Nurse:

I am sending you an account of one of my district patients, which may be of interest to my sister nurses:

Patient returned from hospital May 1 with diabetic gangrene of both legs extending from below knees. Doctors pronounced case *hopeless*. Operation could not be performed as patient had goitre and weak heart. District nurse was called in. Doctor's orders were: "*Do what you can; case is hopeless, probably will last three weeks.*"

I had physician's permission to do anything I wished. In our hospital we always cut away sloughs. The external skin was black and unbroken where it met the uninfected skin, so just below the line of black skin I began cutting away the dead flesh every day, as large portions as patient's watching and hearing the cutting could stand, for it was the only way she would submit to have my plan carried out. Then the entire infections were irrigated with strong creolin solution and kept wet with same solution until my dressing next day. Portions were cut off every day until only the bones were left on each leg exposed and the feet, irrigation and wet dressings being faithfully continued. I watched the parts near the good skin where gangrene had been severed and found no advance of the infection; regulated the patient's diet and bowels, advised drinking plenty of water. After two weeks, where the cutting was begun the raw surface showed tendency toward healing, and I very carefully kept every bit of sloughing cut away. Called doctor in to see the condition and he was amazed. Said there was no case of diabetic gangrene on record that had healed. We cut the feet off at ankle joint and next day gave a whiff of chloroform and sawed the bones from one leg; the other needed no anesthetic, as bone was decayed almost to the place where cutting was begun. By September most of both stumps were healed and skin was growing over ends of stumps. The creolin solution, weaker strength, was kept up

until about November, when I used zinc oxide ointment for the small area left unhealed. By January, covering a period of about nine months, the patient's stumps were healed, and condition had improved so she sat up in a wheel chair, had some meals with family and took an interest in her household, sewed a little and was really taking a new lease on life.

When I took charge of the case it seemed hopeless. My special interest was aroused because this woman was so anxious to live in the face of almost impossible recovery, which the physicians had frankly told her was a hopeless condition. This patient was the mother of eight children; she had worked to bring them to efficient manhood and womanhood, never sparing herself, and now when they were all able to make their way, all left to her was an end of untold suffering. I determined to try to at least make her comfortable, meanwhile keeping up her courage and mine in absolute faith that while there was life there was hope, giving eternal vigilance to the nursing. Her faith in me, her trust that I would try where others made no effort sustained me through the many days of repulsive cutting and working over the gangrene odors, and the winning her life for her was more than worth the hard toil; and her gratitude made me very humble and grateful that persistence and faith had enabled me to do this service, and the physician's hearty praise that the nurse saved his patient's life made me realize how much of good or ill a nurse holds in her hands, and how grave are our responsibilities.

MARY E. HAAG, R.N.

[We feel that all our readers will unite with the editors in expressing their appreciation of the splendid self-sacrificing service rendered by Miss Haag.]



Reply to Mr. Barton

To the Editor of The Trained Nurse:

The article by George Edward Barton asking for votes for nurses in hospitals, in the September number, seems to indicate that the writer's knowledge of how hospitals are governed and supported is somewhat limited. I have been superintendent of three different hospitals and have intimate knowledge of many others and have yet to find a hospital where the doctors "can break a nurse at will without explanation or excuse," as the writer seems to suggest is a common condition. I also take exception to the statement he makes that "all of the information which hospital boards can obtain comes through the staff doctors." The staff doctors in our hos-

pital have no control over nurses, whatever, except to give directions as to the care they wish their patients to receive. Nor have the staff doctors any voice in the management of the hospital. They have a voice in selecting the internes, but that is about as far as their authority goes, except as concerns the professional care of patients.

We do not boil rectal tubes and cocoa on the same stove. We have diet kitchens on every floor, and while the doctors would like to have a laboratory building it is something we shall have to wait for a good while. I can see nothing to be gained by having the alumnae association elect a trustee. Our trustees are nearly all prominent business men of the city. They give liberally both of time and money. I suppose every board has some members who are not active, and ours is no exception, but I cannot believe the condition mentioned by the writer would apply to any but a small number of hospitals. Perhaps there are some sanitariums governed largely by doctors or joint stock institutions, but not general hospitals.

EMMA Y. PATTERSON.



Reply to "Anxious Inquirer"

To the Editor of The Trained Nurse:

I have nursed for five years in a Salvation Army rescue home. We take THE TRAINED NURSE, and look forward to it each month. The July number contained a letter regarding babies born with lungs and head full of mucus, and the writer asked for the experience of others. Out of 196 obstetrical cases I have had quite a few where the child's head and lungs were full of mucus. One case I have in mind, the child was not breathing, but the mucus was running from the nose and mouth. The doctor took a rubber catheter and inserted into the throat and by mouth drew out the mucus. After the child was breathing I placed it with its head much lower than its feet, which gave a chance for the mucus to come up and giving water every hour helped to wash it out of the stomach. If the bowels do not work freely within six or eight hours after delivery, a flushing is good and can be repeated within four to eight hours. I find it better in this condition not to put the child to the breast for thirty-six to forty-eight hours. When it does nurse, the stomach is better able to handle its food. If the head still seems to be full of mucus, I use a toothpick with a little piece of cotton, saturated in sweet oil, and insert it into the nostrils, but take it out right away; the sweet oil will work its way down into the throat and you will find the child will breathe much easier.

ZULENE MAE BAKER.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

War Echoes

Tales of mistreatment of Red Cross nurses on European battlefields are grossly exaggerated, according to George F. Porter, of Chicago, now in London, who, according to a press dispatch, wrote the American Red Cross under date of September 17 on his personal investigation of reports he had heard.

"Atrocities are enormously exaggerated," the letter states. "Tuesday night I was told by an American woman of forty Belgian Red Cross nurses in a London private hospital, each with the thumb and first two fingers of each hand cut off. I investigated and found the story was without foundation. They told me of a Belgian nurse at the St. Thomas Hospital here, with the tendons of her wrists cut. I went there immediately, saw the secretary of the hospital, and found there was a nurse there, but that instead of the tendons of her wrists being cut she had burned her wrists badly by the explosion of a spirit lamp on which she was making tea. Here was a typical example of the way stories are fabricated out of nothing. Responsible English people are disturbed over the effect these reported atrocities may have in America."

The American relief ship *Red Cross* reached Falmouth safely with all well on board and after disposing of the units for England and France, proceeded to Rotterdam, where the units for Germany and Austria were landed.

An English nurse, writing from Germany to the *Nursing Mirror*, London, says: "It is hard to adjust one's thoughts when one hears both sides. I was told of little Belgian children being taught to offer cigarettes to the German soldiers, clinging round their necks from behind their chairs to do so, while the mother shot the unsuspecting man in the back; of a French doctor caught red-handed poisoning a well with typhoid germs, and other such horrors; and, in the whirl of truth and falsehood one can only wait, refusing to believe evil where it is not fully proved, and praying for the honor and safety of one's friends on both sides."

Miss Caffrey, one of the assistant matrons at St. Thomas's Hospital, London, writes to her friend, Miss Huelm, of Boston, who was formerly a St. Thomas's nurse, as follows: "We have 127 wounded and sick. They arrived here a week ago and are doing well. We have already had the King and Queen, Princess Christian, Princess Henry of Battenberg, Lord Kitchener, the Archbishop of Canterbury and several lesser lights to visit them. The hospital seems to 'buzz' all the time. The poor men arrived tired out, having had only one hour's sleep in twenty-four for three weeks, and very little food. When Kitchener came to see them nobody saluted or cheered him, and we couldn't understand it, and went up to ask some of them the reason. We were told that it wasn't etiquette and that 'When you're up, you stand at attention; when you've a 'at on, you salutes; and when you're in bed, you jest lies still and calls 'im Sir.' This said in inimitable Cockney is very funny. The men are most interesting to talk to and say that all the talks of German atrocity are quite true. They fire on the Red Cross, kill the wounded, maim the surgeons and mount their guns on Red Cross wagons; they also drive the women and children in front of them, knowing that our men won't fire while they are there."



Navy Nurse Corps

APPOINTMENTS—Eva B. Knowlton, R.N., Homeopathic Hospital, Buffalo, N. Y.; Anna M. Swanson, R.N., St. Joseph's Hospital, Denver, Colo., head nurse, Swedish National Sanatorium for Tuberculosis, Englewood, Colo.; Mary Elisabeth Hand, R.N., Methodist-Episcopal Hospital, Brooklyn, N. Y.; Selina May Griffith, R.N., City Hospital, Newark, N. J., connected with Gouverneur Hospital, New York, and Ancon Hospital, C.Z.; Anne K. Jones, R.N., St. Joseph's Hospital, Denver, Colo.; Mary H. Bethel, R.N., Howard Hospital, Philadelphia, Pa.; Eleanor Lawrence, R.N., State Hospital of Northern Anthracite Coal Region, Scranton, Pa.; Helen L. McKenzie, R.N., State Hospital, Rochester, N. Y., post-graduate course, Neurological Hospital, New York.

TRANSFERS—Eleanor Lawrence, to Washington, D. C.; Helen A. Russell, to Washington,



HOTEL DIEU, FANNY ALLEN HOSPITAL, WINOOSKI, VT.—CLASS OF 1914

D. C.; Mary H. Bethel to Philadelphia, Pa.; Eva S. Knowlton to Washington, D. C.; Della V. Knight, to Guam; Anna Swanson, to Mare Island, Cal.; Clara A. Irwin, to Philadelphia, Pa.; Margaret S. Werner, to Philadelphia, Pa.; Helen L. McKenzie, to Newport, R. I.; Frances McDonald, to Norfolk, Va.; Anne K. Harkins, to Naval Dispensary, Washington, D. C.; Anne K. Jones, to Norfolk, Va.; Selina M. Griffith, to New York, N. Y.; Mary E. Hand, to Washington, D. C.; Miriam F. Ballard to Naval Dispensary, Washington, D. C.

PROMOTIONS—Della V. Knight, chief nurse, Naval Hospital, Guam; Anna K. Harkins, chief nurse, Naval Dispensary, Washington, D. C.

ASSIGNMENTS—Susie Fitzgerald, acting chief nurse, Newport, R. I.; Frances McDonald, acting chief nurse, Norfolk, Va.; Fredricha Braun, acting chief nurse, Guam; Anna G. Davis, acting chief nurse, Philadelphia, Pa.

HONORABLE DISCHARGES—Katrina E. Hertzner, chief nurse, name placed on reserve nurse list; Charlotte M. Page, name placed on reserve nurse list; Agnes Young.

RESIGNATIONS—Emilie Steiner, Esther A. Mosier, Lucinda Patton, Mary J. Carr, Mary Knudsen, Jessie Van Wormer, Mary Cordelia Simmons, Marion Farquhar.

LENAH S. HIGBEE, *Superintendent Nurse Corps*.



Rhode Island

The Rhode Island State Board of Examiners of Trained Nurses will examine applicants for registration at the State Capitol, Providence, November 11 and 12. For further information apply to the secretary, Lucy C. Ayres, Woonsocket Hospital, Woonsocket, R. I.



Connecticut

The Alumnae Association of the Connecticut Training School for Nurses held its regular meeting October 1 at the Visiting Nurses' Day Camp, West Haven. Miss Barron, the president, presided. The secretary read the minutes of the previous meeting, which was followed by the transaction of regular business and the voting in of new members. Red Cross work was discussed, besides other matters of local interest, also plans for entertaining the State meeting in November. After adjournment a box picnic was enjoyed, with coffee furnished by our entertainers. The meeting proved a social success.

The regular fall meeting of the Alumnae Association of Grace Hospital was held at the Dormitory on Monday, October 5, 1914, with good attendance. In the absence of the president, vice-president and secretary, Mrs. Bradley ('08)

and Miss White ('12) acted as chairman and secretary. The changes in the constitution recommended by the committee were accepted, and the committee authorized to print the constitution as it stands now. The most important changes are: 1. Instead of quarterly meetings, provision for monthly meetings, October to July inclusive. 2. Addition to the officers of a corresponding secretary. 3. Raising the dues from one dollar to two annually. Five dollars was given by a friend for the Sick Benefit Fund. Miss Balbier was appointed chairman of a committee to complete arrangements for a card party and sale of fancy articles to be held for the benefit of the treasury on November 4.

At a meeting of the Nurses' Alumnae Association of the Memorial Hospital, New London, the following resolutions were adopted on the death of Miss S. B. Flint:

WHEREAS, It hath pleased our Heavenly Father to call to rest our beloved sister nurse, Selina Bailey Flint,

RESOLVED, That the Memorial Hospital Nurses' Alumnae Association of New London has sustained a serious loss in the death of one of its most valued members.

RESOLVED, That the individual members have lost a dear and helpful friend.

RESOLVED, That these Resolutions be spread upon the minutes of the Association and forwarded to THE TRAINED NURSE MAGAZINE, and that copies be sent to the bereaved sisters.



New York

The thirteenth annual convention of the New York State Nurses' Association will be held in the Onondaga Hotel, Syracuse, October 21 and 22. Registration of delegates will be from 9 to 10 A.M. on Wednesday, the 21st.

The headquarters of the Association will be the Onondaga Hotel.

The program is as follows: Wednesday morning, opening addresses, president's address, reports of officers, committees and delegates. Wednesday afternoon, legislative session, with reports from the legislative committee and of district committees, address by Augustus S. Downing. Wednesday evening, papers: Some Direct Relations between the Science of Eugenics and the Nursing Profession, Arthur E. Hamilton, Director of the Extension Department of the Eugenics Record Office; The Tonsil in Its Relation to Rheumatism and Infectious Diseases, T. H. Halstead, M.D.; Conquest of Contagion, Charles Floyd Burrows, M.D.

Thursday morning, papers: The Private Duty Nurse, Mabel Chase; Midwifery, Carolyn Van Blarcom. Thursday afternoon, Report of the Public Health Committee. Papers: The Work of the Public Health Council of the State Department of Health, Mrs. Elmer Blair; Tenement House Inspection, Jessie McVean.

The annual convention of the New York State League for Nursing Education will be held in the Hiawatha Room of the Onondaga Hotel, Syracuse, on October 20, at 10 A.M., preceded by an executive meeting at 9 A.M., with the following program: Reports from local committees; report from the Committee on Scarcity of Probationers. Papers: What Inducements Should Schools of Nursing Offer to Procure the Most Desirable Candidates? by Ella Phillips Crandall; Publicity Methods, Mr. Owen Lovejoy; The Standard Curriculum, by Annie W. Goodrich; The Value of the Preliminary Course to the Hospital and to the Pupils, Katherine A. Decker; Affiliation, by Clara D. Noyes, discussion by Miss Cadmus, Miss Kurtz and Miss Nye; Training for Mental Nursing, by Josephine A. Callahan; The Value of Good Records in Training Schools, Grace H. Cameron.

The regular October meeting of Camp Roosevelt was held at the home of Mrs. Schuler, with a fair attendance. Miss A. M. Charlton gave a report of the meetings of the Spanish-American War Nurses held at Detroit. A social hour was spent, Mrs. Schuler entertaining with music.



New Jersey

The Nurses' Club of Atlantic City has been organized with the following officers: President, M. M. Cullen, R.N.; first vice-president, J. G. Wick, R.N.; second vice-president, Nannette F. Burkhard, R.N.; recording secretary, Lillian L. Allen, R.N.; corresponding secretary, Emily T. Moore, R.N.; treasurer, Helen F. Greany, R.N. The Advisory Board consists of three members: Bertha I. Myers, R.N.; Mary A. Hayes, R.N.; Adelaide C. Gillen, R.N. The club will in the near future establish a central directory. A lunch party to Little Beach for the benefit of the Club was a delightful occasion.



Pennsylvania

The regular meeting of the Alumnae Association of the Philadelphia General Hospital was held October 5 in the Nurses' Home of the hospital. Miss M. L. Eager was appointed to act as secretary *pro tem*. The minutes of the June meeting

were read and approved. The report of the treasurer was read and ordered submitted to the auditing committee. Miss Margaret Wise, as chairman of the scholarship committee, reported that she had on hand \$173. The scholarship at Columbia University, founded by this Association as a memorial to Miss Alice Fisher, is available for any Philadelphia General Hospital graduate in good standing, and a member of the Alumnae Association and approved by the same. Applicants must meet the requirements of University. This is the first scholarship at Columbia University to be founded by a hospital alumnae association. Miss Simonton, as chairman of the by-laws committee, asked for an extension of time to revise and complete the new by-laws before a final report was made. Mrs. Warmuth, chairman of annual report committee, reported that annual reports would be printed at the city's expense, and said reports to be issued at end of fiscal year. The resignation of the secretary, Miss Emma Clement, was accepted and her place filled by the election of Miss L. Guinther. Fifty dollars was voted to be sent to a graduate of the school who is seriously ill with pulmonary tuberculosis. An invitation was extended the nurses to the commencement exercises of the West Philadelphia Hospital Training School at West Hope Presbyterian Church on October 15. Seven names were proposed for membership. The following committees were announced: Press and publishing committee—Misses L. Guinther, chairman; Martha Lafferty, Cecelia Kennedy and Mrs. Francis H. Lewis. Auditing committee—Misses M. L. Eager, chairman, Josephine A. Schmitt, Mary A. Nick, Anna K. Sutton and Sara Guthrie. Entertainment committee—Miss Eva Simonton, chairman, with members to be elected. Membership committee—Mrs. M. Malloy Cullen, chairman, with members to be selected.

Motion passed that in the future the monthly meetings be held at the Nurses' Club House, 1520 Arch Street, and the annual meetings to be held at the hospital. The death of Miss Isabel McIsaacs was announced. Resolutions were passed and ordered spread on the minutes. The attendance at this meeting was unusually large. On motion adjourned to meet first Monday in November.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-In Charity Hospital was held at the hospital on Thursday afternoon, October 1, at three o'clock, the president, Miss Clara B. Steinmetz, presiding. Sixteen members were present. The death of one

of our graduates was reported. Mrs. O. Z. Low, of Orangeville, Pa., died on July 9, of pneumonia. Mrs. Low will be remembered as Miss Mabel Egbert, Class of 1904.

The first public commencement exercises ever held by the Training School for Nurses of the Christian H. Buhl Hospital, Sharon, was given in the Buhl Armory and was a great success and a triumph for one of Sharon's best known and most useful institutions. Inspiring music and brilliant oratory contributed to make the affair one long to be remembered, not only by the four graduates themselves, but by every one connected with the event. The chief speakers of the evening were Judge A. W. Williams and the Rev. Fr. J. H. McAdam, both of whom delivered excellent addresses. The graduates were Misses Bessie Madden, Caroline Schultz, Helen Snyder and Leona McCarty. Diplomas were presented them by the Hon. Norman Hall, president of the board of directors, and the class pins were awarded by Dr. H. Ellen Walker. Attorney Fred Service was chairman of the evening, and in well-chosen words introduced all the speakers. The hall was beautifully decorated and presented an excellent appearance. The electric lights in the auditorium were covered with clusters of sweet peas, while the stage was profusely decorated with ferns, palms and cut flowers. On the platform were the graduates, members of the hospital staff and the board of directors of the hospital, and behind them sat Cave's Imperial Orchestra, which furnished fine instrumental music all the evening. The program was opened with an orchestra selection. Following an invocation by the Rev. G. R. Ramsay, of the First Presbyterian Church, Attorney Service delivered the opening address, in which, in behalf of the hospital officials, he congratulated the graduates on their success. After another selection by the orchestra, Chairman Service introduced the Rev. Fr. McAdam, of the Sacred Heart Church, who delivered an eloquent address. He spoke in glowing terms of the work done by the hospital and its great achievements, and felicitated the graduates on the termination of their course of study. He complimented them on the manner in which they had gone through the hard struggle and had overcome apparently insurmountable difficulties. He characterized the profession they were about to enter as noble and sublime. He impressed upon them the need of kindness and patience, the main requirements of nurses. Then he told of tales of heroism of nurses on the battlefield and elsewhere.

Judge Williams was introduced amid a storm of applause. The jurist said that coming to Sharon was coming home to him, and he was glad to be here to look into the faces of so many of his old friends again. He said he was glad to look into the faces of the graduates who had chosen such a high, noble and honorable profession, and spoke of the life as one of great possibilities. He spoke of the great work being done in the cities and said that he felt proud of the fact that Buhl Hospital has a school for nurses. Then he discussed the numerous and varied duties of nurses and said that their greatest reward lay in their success. His speech was interspersed with many witticisms that brought much laughter. He concluded by congratulating the graduates and wishing them success.

In a few brief words the Hon. Norman Hall presented the graduates with their diplomas. He expressed gratification and wished the young ladies much success in their profession. Dr. H. Ellen Walker in a neat address presented each of the graduates with a class pin, given by the hospital directors. She gave a brief history of nursing institutions and explained the various parts of the class pin. The benediction was pronounced by the Rev. E. J. Owen, of St. John's Church. Following the exercises the floor was cleared and those present enjoyed the remainder of the evening in a reception and dance. The directors of the hospital received the congratulations of all on the success of the first public graduating exercises and the hospital itself, and the superintendent, Miss Cumming, came in for a generous share of the praise, the head of the institution being responsible in a large measure for the innovation.

The Nurses' Alumnae Association of the Columbia Hospital held its regular monthly meeting September 29, in the chapel of the dormitory, with twenty-two members present, the president, Miss Twain, presiding. Two new members were admitted. The annual reports and statements were read by the secretary and treasurer. The annual election gave the following result: President, Miss McKee; vice-presidents, Misses Twain and Wilson; secretary, Miss Beebe; treasurer, Miss Torrence; board of directors, Misses Solliday and Tillman. A hearty vote of thanks was given to the retiring officers. Luella McCaig, one of the oldest members of the alumnae, now in charge of a hospital in Panama, was present, and gave a short talk on the work she is doing there.

District of Columbia

The Nurses' Examining Board of the District of Columbia will hold an examination for registration of nurses, Wednesday, November 4, 1914.



Kentucky

The Kentucky State Board of Nurse Examiners will meet in Louisville on November 17-18, 1914, beginning 9.00 A.M., to examine applicants for registration, according to law which became effective June 17, 1914. For further information apply to Flora E. Keen, R.N., secretary, Somerset, Ky.



Tennessee

At St. Thomas's Hospital, September 17, a class of eight nurses was graduated, Dr. W. Bailey, president of the executive committee, presiding and awarding the diplomas. The affair was very interesting and most enjoyable. The training school of St. Thomas is one of the most efficient in the South. Immediately following the graduation exercises, the class and the entire school of forty-eight nurses were entertained with a beautiful dinner given by the Sisters. The dining-room was attractively decorated for the occasion, and the many flowers, chiefly from the garden and greenhouses of the institution, added to the beauty of the scene. A delicious menu was served, and the occasion was one of much interest and pleasure to those present. Those receiving diplomas were: Miss E. Wright, Miss B. F. Porter, Mrs. M. McCall, Miss C. Downing, Miss B. Stark, Miss P. Rorie, Miss E. M. Thompson, Miss N. B. Martin.



Texas

The Texas State Board of Nurse Examiners will hold examinations for the registration of nurses on November 10 and 11, at Fort Worth, Texarkana, San Antonio and Galveston. The regular meeting of the board will be held at Fort Worth November 13, 1914.



Indiana

The twelfth annual convention of the Indiana State Nurses' Association was held in the Hotel Severin, Indianapolis, October 15 and 16. The program included a greeting from Dr. S. E. Earp, editor Indianapolis *Medical Journal*; response by Ethel Jackson, superintendent Huntington Hospital and Training School; reports from the general officers and a public health session in charge of Mrs. W. W. Thornton. Miss Elizabeth

Fox, of the Visiting Nurses' Association, of Dayton, Ohio, addressed the convention on "Method of Establishing Visiting Nurses' Associations." Miss Laura Wilhelmson, superintendent of the Public Health Nursing Association, of Indianapolis, led a discussion following Miss Fox's address. Elizabeth Johnson, chairman Indiana Red Cross Nursing Service, spoke of the society's work in this country and of what is being done in the European wars. Other papers were: "The Nurse's Part in the Prevention of Diseases in Children," Dr. E. B. Mumford, Indianapolis; "Private Duty," Essie Armfield, Crawfordsville; "Robert W. Long State Hospital," Alice Fitzgerald, superintendent of nurses, Long Hospital. Wednesday preceding the convention the Indiana State League of Nursing Education met at the Methodist Hospital at 1.30 o'clock. Saturday following the convention Dr. W. D. Gatch gave an operative clinic at the Robert W. Long Hospital for the benefit of the nurses.



Illinois

The graduating exercises of the Evangelical Deaconess Hospital, Chicago, were held in the Evangelical Church. The chapel was beautifully decorated for the occasion. Motto, "Others." Class flowers, asters. Class colors, lavender and cream. A large number of friends and relatives of the graduating class were present. Musical selections, both vocal and instrumental, were enjoyed. The addresses were delivered by Bishop S. P. Spreng and Dr. M. Schultze. Dr. Schultze told of the work of the nurse and the great duty which lies before her. His address was appropriate and full of encouragement and kind advice for the graduates. Bishop Spreng gave sound advice to the members of the class as to their future work, and urged that they continue in the splendid manner in which they received their training. The presentation of diplomas by Miss Marie Holz, superintendent, and presentation of pins by Mrs. William Grote, member of the executive board. Following are the names of graduates: Misses Florence Gahn, Emma Merkle, Rose Fecker. The Alumnae Association of the same hospital held its annual business meeting and banquet at Hotel La Salle, Chicago. The members of the graduating class, Misses Gahn, Merkle and Fecker, and Miss Laura Mank, missionary to Japan, were guests of honor. Following the banquet an election of officers ensued. Officers are as follows: Mrs. Arthur Retzke, president; Miss Marie Holz, vice-president; Miss Helen Hagli, treasurer; Miss Louise Rahe, secretary.

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STATE BOARD EXAMINATION

Bacteriology—1. How should a nurse disinfect herself after taking care of a contagious disease before going on an obstetrical case? 2. What causes fermentation of milk? 3. Define the words: Sterile, asepsis, antiseptics, disinfectants, sterilization. 4. Describe two methods of fumigating a room. 5. Name two air-borne diseases. Name two water-borne diseases. 6. How should the sputum of a patient suffering with tuberculosis or diphtheria be treated? 7. Mention the advantage and disadvantage of bichloride of mercury and carbolic acid as disinfectants?

Dietetics—1. What reaction has mother's milk? 2. What and where are villi? 3. (a) What is metabolism? (b) Describe two phases. 4. (a) What is the technique for giving rectal feeding? (b) Describe preliminary preparation. 5. What are active principles of tea and coffee? 6. Why is toasted bread more digestible than fresh bread? 7. Why do some cereals require long cooking? Mention three.

Materia Medica—1. Define (a) physiological action of a drug; (b) therapeutic action of a drug. 2. Define (a) sudorific, (b) diuretic, (c) stimulant, (d) astringent, (e) idiosyncrasy. 3. (a) Give the physiological action of strychnine; (b) give the symptoms of an overdose of strychnine. 4. What precautions should be observed in giving (a) preparations of iron? (b) preparations of mercury? 5. (a) What is a posion? (b) What is an antidote? 6. Give the doses of the following drugs: (a) Atropine sulphate, (b) chloral hydrate, (c) nitroglycerin, (d) morphine sulphate, (e) sodium bromide. 7. When giving aconite, what precautions should be observed?

Gynecology—1. Define gynecology. 2. (a) What is endometritis? (b) What do you understand by laceration of perineum and how is it produced? 3. (a) What is amenorrhea? (b) What is dysmenorrhea? 4. What is meant by digital examination and what preparation would you make for it? 5. Describe the steps in preparation for a gynecological examination? 6. (a) What is meant by ectopic gestation? (b) What is inflammation of the Fallopian tubes called? 7. (a) What should be the temperature of water used to check uterine hemorrhage? (b) Why?

Anatomy and Physiology—1. (a) How many vertebrae are there? (b) Give the divisions of the vertebrae. (c) Give the name of the first two vertebrae. 2. (a) What is the longest bone in the upper extremity? (b) What is the longest bone in the body? 3. (a) What name is applied to the covering of the bone? (b) What is its function? 4. (a) Give the number, name and locations of the fontanelles. (b) Give the time when each fontanelle is closed. 5. Into what two branches does the brachial artery subdivide? 6. (a) What are the chief constituents of the gastric juice? (b) Upon what foodstuff does the gastric juice chiefly act? 7. Name one or more of the chief waste

products of digestion and oxidation and the channel by which each is removed from the body.

Children and Contagious—1. (a) What indications would assure you that an infant was obtaining the proper diet? (b) Improper diet? 2. (a) What would you avoid in the care of mastitis in the newborn? (b) What points would you observe in making an application of ointment to the face of a child with eczema? 3. How would you care for an umbilical hernia in child under one year? 4. Why would you regard a discharging ear with suspicion? 5. What symptoms are common to the onset of the three principal contagious diseases of childhood? Differentiate the rash of two of them and state time of appearance. 6. Define incubation, desquamation, coryza, prophylaxis, congenital. 7. Give common names for—pertussis, chorea, scabies, tetanus, strabismus.

Ethics—1. If you expect to enter a hospital, from which you have not graduated, to take care of a special patient, what is the correct procedure? 2. Why is loyalty to one's own hospital so very important all during a nurse's professional life? 3. If a family has reason to feel dissatisfied with physician for whom you are caring for a patient, and they come to you for advice, what would you do? 4. What do you feel a correct ethical attitude does for a woman in her profession? 5. If you are doing district nursing and a very poor patient who already has a doctor needs special hospital care what would you do? 6. If a visitor seems to be tiring your patient, how would you cut his visit short? 7. When you are on private duty how much free time do you take each day?

Obstetrics—1. (a) What would you regard as danger signals in connection with lochia? (b) Give one method of calculating the date of the termination of pregnancy. 2. Draw a diagram of the internal female generative organs, giving names and relative size of each. 3. (a) Describe the placenta. (b) What is its purpose? (c) Why should it be carefully inspected after expulsion? 4. What is the duty of nurse the instant the birth of child takes place? 5. If called upon in emergency to give an anesthetic during labor, state definitely the method of procedure. 6. State definitely how you would induce artificial respiration in a case of asphyxia in the newborn. 7. What is the significance of a chill occurring shortly after labor? How would you manage it?

Medical—1. How would you give a mustard bath? 2. In case of pulmonary hemorrhage, what would you do before the arrival of a physician? 3. (a) What is arthritis? (b) Define nursing care of arthritis. 4. (a) What is the normal blood pressure? (b) What is pericarditis? (c) What is endocarditis? (d) What is myocarditis? 5. State some complications which would result from arterial sclerosis? 6. If a patient should have what seems to be an epileptic seizure in a public place, what would you do? 7. Give

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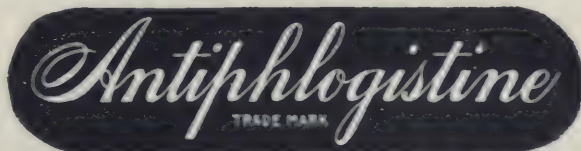
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at least three important points to be considered relative to nursing a very nervous patient.

Urinanalysis—1. (a) What particulars as to the conditions of the urine should be noted by the nurse? (b) Name at least two common causes of turbid urine. 2. (a) With an infant, when the urine stains the napkins, what as a rule is indicated? (b) Give the technique observed in securing a specimen from a male and a female infant. 3. (a) What urine is best saved as a specimen for examination? (b) Why? 4. Why examine urine both before and after operation? 5. (a) When sugar (glucose) is found and persists in the urine, what disease is indicated? (b) Name one test for sugar. 6. Name several causes which might (a) increase the amount of urine, (b) diminish the amount of urine. 7. How is the amount of urine affected in diabetes?



Michigan

The Michigan State Board of Registration of Nurses will hold an examination for State Registration at the U. B. A. Hospital in the city of Grand Rapids, on November 10, 11 and 12, and in the city of Detroit at Harper Hospital, on November 17, 18 and 19.

The Kalamazoo Graduate Nurses' Association has changed its name to the Kalamazoo County Graduate Nurses' Association, to enable it to admit nurses from the surrounding towns.



Minnesota

The Hennepin County Registered Nurses' Association of Minneapolis held its annual meeting at three o'clock in the afternoon of September 9 at headquarters, Hotel Hampshire Arms. At the close of the business meeting the nurses enjoyed a social hour given for the retiring and newly elected officers. Refreshments were served for about fifty nurses. The officers elected for the coming year are: Hannah Swenson, R.N., president; Cora A. Smith, R.N., first vice-president; Susanne E. Maddy, R.N., second vice-president; May M. Schultz, R.N., secretary; Vera Waters, R.N., corresponding secretary; Bertha E. Merrill, R.N., treasurer. Directors: Edith P. Rommel, R.N., Augusta E. Mettel, R.N. Ethel Plympton, R.N.



California

Nurses who are planning to go to San Francisco must not forget that San Francisco is not all of California. One of the most beautiful parts of the State is San Diego, and San Diego is to have a fair, equaling in many respects that of San

Francisco. The railroad rates have been established for both expositions and those who desire to go to the coast have an opportunity of visiting both San Francisco and San Diego with one cost. While the San Diego Exposition may not be as large as the San Francisco Fair, nevertheless there will be many things to show the stranger which will not be found in the North. The San Francisco Fair in nature will be similar to that of Chicago and the other large fairs which have been given from time to time, but the San Diego Fair will be unique, inasmuch as it will follow entirely different lines. You will be able to see individuals caring for orange orchards, picking the fruit, etc.; you will find growing tea bushes taken care of by natives from Ceylon, and, in general, you will get to know something of the history and growth of civilization from the very beginning down to the present time. If there was nothing to offer the visitor but the ideal climate and view from the Exposition grounds, these two attractions, without anything else, would amply repay for the time taken in making the visit. The San Diego Exposition will be open all the year.

The Santa Barbara State Normal School will offer a special course in dietetics to registered nurses. The course is designed for those who wish to become instructors in hospital schools. The course begins the last of January and will cover about forty weeks; fees will not exceed \$50. Inquiries for further information should be addressed to Ednah A. Rich, State Normal School of Manual Art and Home Economics, Santa Barbara, Cal.



Personal

Miss Laura E. Dane, formerly night superintendent of the German Deaconess Hospital, of Buffalo, sailed on September 26 on the *Minnesota*, for Nanking, China. Miss Dane will go first to Japan, where she will make a tour of the country and visit the hospitals; later she will enter a school at Nanking, to remain a year, studying the Chinese language, after which she is to have charge of the hospital which was established by the Methodist-Episcopal Church. She is a graduate of the Erie County Hospital of Buffalo.

Dr. Anita Newcomb McGee has returned from California and is at her old home, 1620 P Street, Washington, D. C.

Miss Isobel Mackeracher, R.N., secretary of the Associated Charities, Battle Creek, Mich.,



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who has been ill at the Sanitarium, has returned to her duties. Miss Mackeracher was the organizer of the Associated Charities, also connected with the Race Betterment Conference held in Battle Creek, having charge of the Baby Contest.

Miss Stella Freidinger has been appointed superintendent of the Proctor Hospital, Peoria, Ill. Miss Rosa Feihl is assistant superintendent.

Miss Luella Bristol has resigned her position as superintendent of the Eleanor Moore Hospital, Boone, Iowa.

Miss L. Grace Holmes, formerly superintendent of Good Samaritan Hospital, Valdez, Alaska, is substituting at the State Tuberculosis Sanitarium at Salem, Ore.

Miss Louise H. Gutbertre, formerly of Springfield, Mass., now night superintendent at St. Mark's Hospital, Salt Lake City, spent her vacation in Yellowstone Park.

Great anxiety is felt for Miss Ruth Tavender, formerly of Boston, Mass., but recently attached to the Central College Hospital, in Turkey. Some time ago Miss Tavender left the hospital for a vacation, and has not since been heard from.

Miss Alice A. Gallery, of Philadelphia, Pa., has been elected superintendent of the Reading Hospital, to succeed Miss Kelley, resigned.

Mrs. Harriet Jean Robinson, formerly superintendent of the Woman's Hospital in Chicago, has been elected to succeed Mrs. Helen De Spelda Moore as superintendent of the Kenosha (Wis.) Hospital.

Blanche Gibson has been appointed superintendent of the Buffalo General Hospital, filling the place of Mrs. Mabel MacDonald, resigned. Miss Gibson assumed her new duties on October 1. Her assistants will be Miss Hunter, graduated in 1911 from the New York Hospital, and Miss Judson, also a graduate of the same institution and an alumna of Vassar College.

Miss Margaret J. Barr, Topeka, Kan., a graduate of St. Luke's Hospital, Kansas City, Mo., also a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., has been engaged to teach massage to the nurses in training at Christ's Hospital, Topeka, Kan.

Miss Roberta Dunlap, R.N., a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., and afterwards an instructor in massage and hydrotherapy at same institution, has been engaged to teach hydrotherapy to the nurses in training at the Robert R. Long Hospital, Indianapolis, Ind., and massage to the nurses in training at the Methodist Hospital and also at the Joseph Eastman Hospital, Indianapolis, Ind.

Miss Elfrieda M. Werner, Camden, N. J., a graduate of the Pennsylvania Orthopedic Institute, Philadelphia, Pa., has been engaged to take charge of the mechanical department at a private hospital conducted by F. L. Ruddy, Watertown, N. Y.

Elizabeth Meyer, R.N., a graduate of the Miami Valley Hospital, Dayton, Ohio, Class of 1912, has resigned her position as supervisor in the General Hospital, Kansas City, to accept the position of assistant superintendent at the University Hospital, Kansas City, Mo.



Marriages

On May 11, 1914, at the home of the bride's parents in Akron, Ohio, Grace Wright, honor graduate nurse of the Worcester City Hospital, Worcester, Mass., Class of 1912, to Samuel Mondell, a contractor of that city.

On September 2, 1914, at the home of the bride's parents, Brattleboro, Vt., Lillian Johnson, graduate of the Emerson Hospital, Class of 1911, to Homer Sherman.

In August, 1914, at Albany, N. Y., Grace M. Kelly, a nurse at the Hillcrest Hospital, Pittsfield, Mass., to Alexander McGovern.

Recently, in New York City, Mrs. Mary L. Manning, for the past three years matron at the State Hospital, Middletown, N. Y., to Dr. Nelson Walter Thompson.

In September, 1914, at St. Louis, Mo., Martha Ray Roberts, a nurse in training at the Christian Hospital, to Edward L. Davis, of Carruthersville, Mo.

On August 11, 1914, at Ludington, Mich., Lillian Arft, graduate nurse of the University Hospital, Ann Arbor, Class of 1911, to James H.

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Agnew, M.D. Dr. and Mrs. Agnew will live in Mobile, Ala.

On August 5, 1914, at the home of the bride's parents, Minneapolis, Minn., Ruth A. Snyder, a graduate of Cobb Hospital, St. Paul, Class of 1912, to Mr. Harold Osborn. Mr. and Mrs. Osborn will make their home in St. Paul.

On September 30, 1914, at Philadelphia, Pa., Miss Margaret L. Kelley, Class of 1909, Philadelphia General Hospital, to Mr. Edmund S. Higgins. Mr. and Mrs. Higgins will be at home at 1661 N. 62d Street, Overbrook, Philadelphia.

On September 30, 1914, Jane Baker, graduate of Passavant Hospital, Pittsburgh, Pa., Class of 1914, to Dr. Enoch L. Jones, of Homestead, Pa.



Births

In August, 1914, at Hartford, Conn., to Dr. and Mrs. C. V. Flaherty, a son. Mrs. Flaherty (Mary Duane) is a graduate of St. Francis Hospital, Hartford.

At Midway, Ky., July 20, 1914, to Mr. and Mrs. John Henry, a daughter, Margaret Amelia. Mrs. Henry (Linna Johnson) is a graduate of Berea Hospital, Ky.

On August 31, 1914, at Hensall, Ont., Canada, to Mr. and Mrs. Hugh McEwen, a son. Mrs. McEwen (Helen M. Bell) is a graduate of Butterworth Hospital, Grand Rapids, Mich., Class of 1911.

On August 26, 1914, to Mr. and Mrs. Louis Hamerman, 159 Scranton Street, New Haven, Conn., a daughter, Mary Hannah. Mrs. Hamerman was Hattie Isaacs, Class of 1911, Grace Hospital Training School, New Haven.



Deaths

On September 22, 1914, at Washington, D. C., Isabel McIsaac. Miss McIsaac was superintendent of the Army Nursing Corps, former superintendent of the Illinois Training School for Nurses, twice president of the Associated Alumnae and

field secretary of the American Nurses' Association. She was also the author of several textbooks of nursing. She had been in ill health for some months. Interment was at Waterloo, Iowa, on September 24.

On September 25, 1915, at Kalamazoo, Mich., Harriet Crosby, R.N., Class of 1912, Bronson Hospital, Kalamazoo.

On August 27, 1914, at San Jose, Cal., Annie Lundy, a graduate nurse of the Mater Miserecordiae Hospital, Sacramento, Class of 1904. Miss Lundy's death was due to an accident; while driving into San Jose she collided with an electric car, sustaining fatal injuries.

On September 11, 1914, at St. Luke's Hospital, Spokane, Wash., Mary Compton Burnett, a graduate nurse of the University of Maryland Hospital.

On September 2, 1914, at the Presbyterian Hospital, Chicago, Ill., Janet A. Topping, graduate nurse of the Illinois Training School for Nurses, Class of 1883.

At Audubon, N. J., Mrs. Sara Rae Simpson Beebe, Class of 1905, Philadelphia General Hospital.

At her home in Canada, Miss Robena L. Harris, Class of 1901, Philadelphia General Hospital.

On September 23, at Central Maine General Hospital, Lewiston, Me., of which hospital she was a graduate, Anna E. Dudley. Miss Dudley had been doing private nursing in Lewiston, Me., for some time, and will be greatly missed by her friends.

In early summer, 1914, at her home in Jamaica, British West Indies, Irene Evans, Class of 1907, Grace Hospital Training School, New Haven, Conn.

On September 24, 1914, at her home in New Haven, Conn., after a long illness, Mrs. Gabriel Joseph Jackowitz. Mrs. Jackowitz was Ethel May Spaulding, Class of 1909, Grace Hospital Training School, New Haven.

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A teaspoonful in a glass of cold water
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RUMFORD CHEMICAL WORKS, Providence, R. I.

Book Reviews

Text-Book of Anatomy and Physiology for Nurses.

Compiled by Diana Clifford Kimber, fourth edition, completely revised, with additions and many new illustrations by Carolyn E. Gray, R.N. Price \$2.50 net.

Once more this book has been thoroughly revised. This revision represents an effort to simplify the most difficult portions, to introduce more physiology and to present more fully the subject of the generative organs. Much of the book has been rewritten, a number of new illustrations have been introduced, and several that seemed to have outlived their usefulness have been discarded. Miss Gray acknowledges her indebtedness to Miss Charlotte A. Francis, instructor of chemistry in Teachers College, Columbia University, for rewriting the first chapter; also to Dr. R. J. E. Scott, of New York, who supervised the entire revision and made the index.

Those nurses who were privileged to know Miss Kimber in the years gone by will be glad to know that she is still keenly interested in all that pertains to nursing progress, and that she derives much satisfaction from the thought that her text-book is of real service to nurses.



The Care of the Sick-Room. By Elbridge Gerry Cutler, M.D. Price 50 cents.

This little book is one of the series of Harvard Health Talks, which are based upon lectures which have been given for several years past on Sunday afternoons at the Harvard Medical School, and which have proved increasingly popular and practical in supplying the average parent or home-maker with useful information straight from the highest authorities. In book form it is hoped that they will extend their service to a much wider audience.



Principles of Cooking, A Text-Book in Domestic Science. By Emma Conley, State Inspector of Domestic Science for Wisconsin. Price 52 cents.

This book is not merely a cook-book, but is intended as a text-book in cooking and elemen-

tary food study for secondary and vocational schools.

Practically all of the recipes in this book are the result of class experiments made by varying standard recipes or by trying new combinations of foods. All recipes have been tried many times by classes of students and proved reliable. The book is profusely illustrated.



Chemistry for Nurses. By Reuben Ottenberg, A.M., M.D., lecturer to the Nurses' Training School, Mt. Sinai Hospital; Instructor in Bacteriology, College of Physicians and Surgeons, Columbia University. 141 pages. Price \$1.25.

Previous to preparing this book the author sent inquiries to thirty-two nurse examining boards of the Union, and found that in twenty-two States questions in chemistry formed part of the examination for registered nurses. The book was written, therefore, in response to what the author believes to be a real need. As chemistry for nurses is an aid to the understanding of other studies, this book is to be used by the nurse not as a catalogue of facts to be learned outright, but as a reasoned explanation of things which otherwise would remain obscure. The experiments described have all been demonstrated to classes of nurses and can easily be performed with the simplest equipment. Technicalities have been avoided, and the text is readable and entertaining.



First Lines in Nursing. By E. Margaret Fox.

A handbook for junior probationers and all who contemplate entering the nursing profession. The Scientific Press, Ltd., London. Price 75 cents.

Sir James Goodhart says of this book: "I have read through this little book from cover to cover, and although it is forty years and more since nursing and nurses as they minister to the practice of medicine first entered into my life, I can even yet say that I have learned a good deal from it. It is well suited to engage the interest and attention of those commencing the study and practice of nursing."

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Costs no more than the ordinary hair brush, and gives twice the service.

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\$1.50 IDEAL BRUSH FOR \$1.00

It has no odor of its own, yet destroys all other odors. In using Rainier Natural Soap, make a lather by rubbing with the hands and apply same to parts. DO NOT use a sponge, wash cloth or brush. In treating sores, cuts, burns, scalds and other wounds, allow the lather to dry on, and repeat the treatment frequently.



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When one encounters a child with an otherwise clean bill of health, giving a history of scarlatina, tonsillitis, ear-ache or some similarly acute disease, and presenting well-marked septic endocarditis and arthritis, it is a pretty safe guess that one has to do with a sub-acute mixed infection, derived from one or all of the diseases mentioned.

The more one sees of these after-claps of acute diseases, the more one comes to regard them in the light of mixed infections, which attack chiefly the epithelial and endothelial tissues, wreaking their first and most violent havoc upon the first, which soon mend, and their second more deadly venom upon the latter, which are not nearly so quick to recover. Thus, by this backward process of reasoning, one comes more and more to treat these subjects of endocarditis, arthritis, pleuritis and nephritis, of post-infectious origin, and the rest of the train of sequelæ, with Combined-Bacterin Van Cott, which often makes just the difference between dismal failure and brilliant success.

Exhaustive booklet, "Biologic Products and How to Use Them," sent on request by the Abbott Alkaloidal Company, Ravenswood, Chicago.

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The second section of the fall class, opening on November 18, is the last class to secure the instruction at the present low rate. Beginning with the winter class, January 20, 1915, there will be an increase of 20 per cent. on all courses. See detailed advertisement in this issue.

A prospectus giving full description will be sent upon request. MAX J. WALTER, M.D., *Supl.*



Pabst Extract—the Leading Malt Tonic

Back of every pronounced success there is at least one potent factor that makes success possible. The great success of Pabst Extract, the "Best" Tonic, is unquestionably due to the merit of the product itself. Now and then some article, even though it lack merit, has been made temporarily successful by the great business ability back of it, but the ultimate result is failure.

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Table of Contents

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	PAGE
EFFICIENCY IN THE CARE OF THE PATIENT.....	<i>Minnie Goodnow, R.N.</i> 321
EXPERIENCES OF A REFUGEE.....	<i>Anna L. Gibson, R.N.</i> 324
AN OPEN-AIR SCHOOL.....	<i>Cecil Charles</i> 330
THE INDIANS IN THE FORT LAPWAI SANATORIUM.....	<i>John N. Alley, M.D.</i> 333
THE CLASSIFICATION AND COMPOSITION OF FOODS.....	<i>Helen G. Harlan</i> 337
WHAT A PUPIL NURSE SHOULD KNOW WHEN SHE LEAVES THE OPERATING ROOM	<i>Amy A. Armour, R.N.</i> 339
THIGH FRICTION AND MASTURBATION IN INFANTS AND YOUNG CHILDREN	<i>Alice Hachnlen, R.N.</i> 343
THE "TWILIGHT SLEEP".....	<i>Current Medical Opinion</i> ... 346
GLEANINGS.....	349
EDITORIALLY SPEAKING.....	351
HOSPITAL REVIEW.....	355
EDITOR'S LETTER-BOX.....	360
IN THE NURSING WORLD.....	363
EXAMINATION QUESTIONS (NEBRASKA).....	370
BOOK REVIEWS.....	378
NEW REMEDIES AND APPLIANCES.....	380
PUBLISHER'S DESK..	382

IN THE NURSERY

no soap has a wider range of hygienic usefulness than

PACKER'S TAR SOAP

Pure, devoid of free alkali, and possessing notable cleansing, emollient and healing properties, this high-grade soap used daily in the bath is of unexcelled value for keeping a baby's skin and scalp active and healthy.

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THE PACKER MANUFACTURING CO., 81 Fulton Street, New York City

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Non-Slipping Knee and Thigh Support and Foot Brace

Keeps the Patient from Sliding Down in Bed

A Comfort-Giving Appliance
Needed in Every Sick-Room



Bottom View, Showing
Non-Slipping Attachments



Patent Applied For

Supports and
Rests the Knees

Makes a
Comfortable
Head-Rest

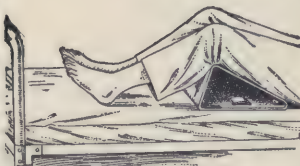
Fowler Position
Obtained
When Used With
Back-Rest

Length, 21 in. Bottom Width, 10 in. Height, 7 in. Weight, 3½ lbs.

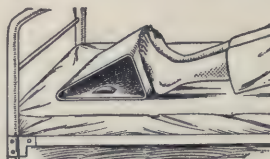
Bed-ridden patients invariably slip towards the foot of the Bed, and lifting a patient up again means laborious work for the Nurse. The "Meinecke" Non-Slipping Knee and Thigh Support prevents the patient from sliding down.

The Rubber Attachments on the bottom, which prevent the Knee Support from sliding, are corrugated, and are detachable. The Support itself is made of light-colored, fine quality veneered wood, and is varnished all over with Valspar Waterproof Varnish.

Illustrations Showing How The Non-Slipping Knee Support is Used



No. 1—As a Knee Rest and Thigh Support—Prevents the Patient from sliding down in Bed. Gives a more comfortable position by flexing the knees, thus relieving all strain from the Spine and Abdominal Muscles. This makes it especially valuable after childbirth.



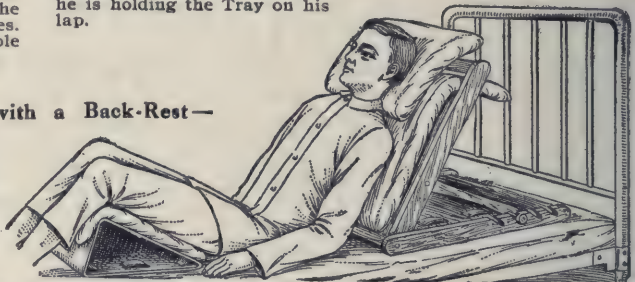
No. 2—As a Foot Brace—Prevents the Patient from sliding down. Also useful as a brace for the Feet when a Patient is eating, especially if he is holding the Tray on his lap.



No. 3—As a Head Rest—Much firmer than a Bolster, and not so heating. Does not sink in the Bed or slide.

No. 4—In Combination with a Back-Rest—

Gives the required Fowler Position for Post Operative Work; also for Proctoclysis (Continuous Rectal Irrigation). For Convalescents it also provides a comfortable position for reading or writing.



Retail Price of Knee and Thigh Support.....Each, \$5.00

Special Price Made to Hospitals and Sanatoriums

Meinecke & Co., 48-50 Park Place, New York

The Trained Nurse and Hospital Review

VOL. LIII.

NEW YORK, DECEMBER, 1914

No. 6

Efficiency in the Care of the Patient*

MINNIE GOODNOW, R.N.

WE ARE nowadays hearing much about efficiency. We are even beginning to class it among our duties. A few years ago "inefficient" was at worst a term of pity. It has now become a term of contempt. On the other hand, "efficient" has become a term of the highest praise.

What is the exact definition of efficiency?

The experts tell us that it consists of five things, not one or two of the five, but *all* of them. It is:

First—Producing the most work.

Second—Producing the best work.

Third—Doing work in the easiest way.

Fourth—Doing work by methods which conserve health.

Fifth—Doing work by methods which prolong life.

Think over this combination, and you will see why we call efficiency a new science. It is because it takes hold of the *entire* problem, not a portion of it.

We have long worked at one of the five parts of efficiency. We have long thought we knew how to do the most work or the best work—at the expense of health or life. We have thought that we knew the easiest way of doing things. We have done much in the prevention of disease and in the prolongation of life. But we have never been able to get them all together, even though

we have felt subconsciously that there ought to be some way by which it might be done.

There have recently come into the business and industrial worlds so-called efficiency engineers, who have shown how to increase both quantity and quality of work while keeping the workers happy and healthy. They have proved objectively that one may take less material, less time, less labor and fewer men than under the old regime, and, merely by using new methods, produce greater results.

Bricklaying, one of the oldest trades on earth, has been revolutionized by Mr. Gilbreth, who is to speak to us later in this convention. Using his methods, thirty men do the same work which has always required one hundred men, and, if anything, do it better.

In factory work, it has been proven possible to double the output without adding a man or a machine.

In machine shops (presenting a more complicated problem) production has been trebled and quadrupled.

Phenomenal successes in many lines have been achieved through this startlingly simple thing—efficiency.

The methods by which these achievements come about are what the experts call scientific management, which is thoroughly

*Read before the American Hospital Association, St. Paul, August, 1914.

scientific, because it takes up the *whole* problem of doing work, and which is, in its last analysis, common sense.

What are these methods and how do they apply to the care of patients, the thing in which primarily hospitals are interested?

Hospitals, quite as much as the business world, have been hampered by traditions, so that we find it very difficult to see what is the sensible course and when we should break away from the old methods. If a thing has always been done a certain way and has been fairly satisfactory, there seems no reason to change it. There are certain things which apparently can *not* be done, certain wrongs which seem inherent in the nature of things and which apparently *must* exist, and it seems foolish to waste one's time over impossibilities.

So, too, reasoned our fathers but one generation back, and assured themselves that automobiles were impractical, and that airships and wireless telegraphy were dreams. We have already accepted them as common-places. And so it is that whenever you hear an elder saying "It is impossible," you may know that not far away there is some youngster at work doing that very thing.

Times have changed. Life has become strenuous to the breaking point. Our very recognition of these tremendous problems proves that they have a solution. There are arising daily men and women with vision, finding the way out. They are the practical philosophers who are leading us out of the wilderness.

One of the first things which they have to teach us is cooperation. The day of individualism is passing. The day of cooperation is dawning. Men are finding out that ten thousand working alone may do much, but that one thousand working together can do more. Competition may have been stimulating in an individualistic age, but in this era which has been called "the century of social consciousness," it is a back number, an antiquated tool. Analyze present-

day problems. Watch the people who are solving them. No one who is succeeding is working single-handed, but only those who know how to cooperate.

Graham Taylor, president of the National Conference of Charities and Corrections, said in his recent address to that body: "Instances multiply which demonstrate not only the practicability and efficiency of cooperation, but also clearly show that so great has become the interdependence of public and volunteer agencies, officials and private citizens, that one cannot succeed if the other fails."

With these things in mind, let us examine some of our most marked inefficiencies, and endeavor to search out their remedies. There are three special things which the public has long dimly felt as inefficiencies, but which have only recently been seen as definite facts. They are all parts of the care of the patient and intimately concern his welfare; yet they are also parts of hospital organization. They are:

1. Treating cases rather than people.
2. Failure to provide for the middle-class patient.
3. Unsatisfactory training of nurses.

In the first instance, we have been trying to establish health without regard to the sick person's environment. We have been considering him as an individual rather than as a member of a family or neighborhood. Now that our social service workers have stirred us up to see what we were doing, we wonder why we kept on doing it so long. Many of us are awake to this condition and its remedy, but there are some hundreds of us who are slow at getting into line, or fancy the task too great for us.

Social service in one form or another we must all adopt if we are to render anything like efficient service to our communities, and it is high time that we got away from our petty, inefficient struggling with one corner of a problem, and get at the whole thing. It must be done by cooperation with all exist-

ing social agencies. The tremendous social problems which confront all hospitals can never be solved single-handed.

Think of the benefit to the country and to humanity if half of us went home from this convention and started social service even in the smallest way.

FAILURE TO PROVIDE FOR THE MIDDLE-CLASS PATIENT

Most of our population belongs in the middle class, and as yet adequate or satisfactory care in illness has not been possible for them. In fact, we are rather worse off than were our grandparents, for in the olden days neighbors came in and helped out, whereas now there seem to be no neighbors who can or will do it.

The community looks to the hospitals to take some initiative in such a matter. Perhaps we have been slow because, being in the middle class ourselves, we were too close to the problem to see it clearly. For twenty years and more we have *talked* about it, and innumerable solutions have been suggested, abandoned as impractical, or tried and failed. Why did they fail? Evidently because they attacked but one phase of the problem at a time, and did not fit in with the rest of it. None of them ever covered, or attempted to cover, the whole ground.

Of late there have come into this field also people of vision, dreamers who have begun to translate their dreams into reality. It looks as though they were succeeding. Why? Because they have realized that the problem was a many-sided one, and have had the courage to take it up as a whole.

Illness in a middle-class home means not simply the problem of the care of the patient himself. It means the loss of his work or of his wage. It means the withdrawal of help and the addition of a burden. It means extra bills and less income. It means getting the cooking and the laundry done. It means caring for the children and keeping them from disturbing the patient. It means

care and encouragement during the weary convalescence.

These conditions and problems can be but partially met by a moderate-priced bed in a hospital. They cannot be met single-handed by a hospital (even one with a social service department), nor by a doctor, nor by a nurses' association, nor by an insurance company, and certainly not by a church or charitable agency. The problem is too complicated. All agencies must work together. Cooperation is the keynote of any success.

Last year we heard Mr. Richards Bradley tell of his efforts to evolve a complete scheme for helping out in illness. This year Miss Davis has told us more of how those efforts are working out. The Detroit Home Nursing Association has been organized during the year and is on the way to success. Note the enthusiastic beginning of the Household Nursing Association of Boston. Watch the work of these associations, and decide for yourselves whether the plan be not a sensible, practical and, possibly, a *complete* solution of this vexed and pressing problem, when wisely managed and properly developed.

But what of the man or woman who is not disabled, but only half sick, hampered but not downed by disease, the man or woman who needs a thorough, skilled examination and a longer or shorter course of treatment to make him an independently useful citizen, who without it may drift into dependence? The poor man may, free of charge, be looked over and treated at a dispensary by a neurologist, a stomach specialist, a surgeon, an eye specialist, an internal medicine man, and have half a dozen elaborate tests and examinations made. Why should it not be possible to do the same for the man who is ready to pay \$25 for similar service, but who cannot possibly afford the \$150 or \$200 which it would cost if paid for at all?

(To be continued)

Experiences of a Refugee

ANNA L. GIBSON, R.N.

Assistant Matron Superintendent, Huntington Hospital, Harvard Medical School

NO ONE who was in Germany Saturday, August 1, is likely to forget it. Peace gave place to war with all the suddenness of a thunderclap. One party at Leipzig had been turned out of bed at three o'clock in the morning and told to leave at once. They finished their packing as they drove to the station.

I sailed from Boston June 30, with several other students of the New England Conservatory of Music, for a musical pilgrimage in Europe. I intended, also, to visit various hospitals and radium institutes, as nursing is my vocation, while music is only an avocation.

I believe music should have a place in the medical equipment, but I think we are accustomed to think of it as something ideal rather than real and practical. In one of the September numbers of the *Journal* of the American Medical Association, there was an interesting article on the healthy influence of music. The article claims that music is physic for the soul, dissipating mental depression, soothing psychic perturbation, and its influence enhances nutrition, furthers digestion and restores organic equilibrium. In some places there is agitation now in behalf of music as an adjutant to anesthesia. There is much that we learn in our study of music that might well be applied to our work-a-day life.

During our tour through England the British authorities were having a great deal of trouble with the suffragettes. We had thought of a feasible plan to punish and possibly to convert them. Every English woman has a deep reverence for Handel and Haydn. We thought it might be a good idea to immure them in a hall with a good choir, and let the latter sing to them the chorus from "Samson":

"To man God's universal law,
Gave power to keep his wife in awe.
Thus shall his life be ne'er dismayed,
By female usurpation swayed."

And then let a soprano sing to them from Haydn's "Creation" the following remarks of Eve to Adam:

"My all, thy will is Law to me;
So God, our Lord, ordains, and from obedience,
Grows my pride and happiness."

Soon after we left London many of the best art galleries were closed to tourists because of the actions of the suffragettes. At several places we had to give up our handbags and our conductor had to vouch for our good behavior.

The trip through Scotland was delightful, especially through the Trossachs. We coached over the moors and heather-clad hills and sailed on the beautiful Scottish lakes. Going south through England we coached through Shakespeare's country. While in London we attended the grand opera and heard several American singers of note.

I also visited the Middlesex Hospital, which is one of the oldest hospitals in London. I had a letter of introduction to Sir Alfred Pearce Gould, and watched him do a minor operation. He was assisted by three other surgeons and four nurses. They are very economical in the use of gauze. A nurse takes the soiled sponges and rinses them in an antiseptic solution, and then they are used over and over again.

The hospital contains 440 beds for the reception of medical, surgical and gynecological cases. There are also special wards for maternity patients, and for diseases of the skin, eye, ear, throat and nose.

The cancer department is a special and unique feature of the hospital; it consists of two parts—research laboratories devoted to

the study of malignant disease, and wards containing 200 beds for cancer cases. It is richly endowed and well constructed and equipped for the work. The mosaic floors and tiled walls are easily kept clean, and the rugs, easy chairs, book-shelves and open fireplaces give a homelike atmosphere to the wards. There is a large recreation and smoking room, with a piano and pool table for the men, and a library and sewing room for the women. The patients are allowed "holidays" every two weeks.

The head nurses are sisters of the Church, and each ward nurse spends six months of her training in these wards.

I had an interesting visit to the Radium Institute. At that time my fingers were very sore and my finger-nails were quite brittle, as I had been making up surface applicators of the radium for several months. The sister in charge at the Institute had been making up applicators for a year, and she was quite alarmed about the condition of her fingers. Her nails were cracked to the matrix, and she had decided to give up the work. They keep very meagre clinical and laboratory notes at the Institute.

We then traveled through Holland, the land of the dyke and windmill, quaint among the countries of Europe. In some of the smaller Dutch towns one might well imagine himself in toyland, for here are seen the wooden shoe and the odd and dainty head-dress. Many famous pictures were seen in the art galleries—Rembrandt's "School of Anatomy," "The Night Watch" and Paul Potter's "Bull" are considered the princes of the collection.

The last of July we traveled through Germany and enjoyed a 117-mile sail on the Rhine.

We visited many of the cities, and we expected to attend the Wagner Festival in Munich, but this was postponed and we heard drum-beats instead.

I was disappointed at not being able to

see more of the hospitals in Germany. Cancer research is carried on most extensively by Wassermann, Ehrlich and others. In Munich they use the deep X-ray method, radium and intravenous injection of radium emanation. In Heidelberg they use the newer electrical methods, such as fulguration, light rays, diathermanism, X-ray, radium, inhalation of the emanation and radio-active water. They give more care and comfort to their patients than we do in our hospitals. The in-patients have a pleasant garden with flowers and shrubs, walks, chairs and small tables.

We were in Botzen, Austria, when war was declared. There was great excitement, and it was not safe to be on the street. We were forced to leave and our train was the last to carry tourists to the frontier.

We continued our itinerary through northern Italy, enjoying the art treasures in the Pitti and Uffizi galleries.

I spent some time visiting hospitals and the Radium Institute, as I had a letter of introduction to Dr. Palumbo, the director of the Institute. The Radium Institute is in a seventeenth-century building, and not yet fully equipped. They give more treatments with the Finsen light and X-ray than with radium. The Queen of Italy is interested in training schools for nurses, and is trying to interest the young women of the educated better class to take up the work.

I visited the "Spedale degli Innocenti" or Foundlings' Hospital, an old fourteenth-century building, interesting because of its famous Della Robia bambini, decorating the facade. These colored medallions of infants in swaddling clothes indicate the purpose of the institution. When the children outgrow their babyhood they live in a home connected with this hospital. When they become of age, the Italian Catholic sisters, who direct the affairs of the institution, train the girls to take care of the babies, and the boys are trained for the army or navy.

Santa Maria Nuova is the large general

hospital. This was founded by Folco Portinari, the father of Beatrice, beloved of Dante. It has a capacity of 1,000 beds. A patient may have as many visitors as he likes, and his friends may bring in food and fruit, and the higher the "tip" they pay the nurse the better the care received. I now understand why the Italians who come to our country are so disgusted and impatient with our hospital rules.

The Children's Hospital is a modern building, fairly well appointed. The apparatus used in the orthopedic cases was practically the same as the kind used in American hospitals. The contagious department was poorly equipped, and very little precaution taken, consequently they have a great deal of cross-infection. Visitors who are ill in Florence generally go to a hospital established by the English Sisters, better known as the Blue Nuns. These Sisters are educated women and very good nurses. The hospital was formerly an old villa, and is charmingly situated, and affords a splendid view of the city. It is well equipped with modern appliances.

Five interesting days were spent in Rome and one beautiful moonlight night we attended the opera "Aida" in the Stadium. There were eight hundred in the chorus and two hundred in the orchestra. The singing and acting were superb.

England and France had declared war, and I decided to try and reach my boat, which was to sail from Southampton August 14. The rest of the party thought they would stay in Rome until the United States sent for them. I now ceased to be a tourist and became a traveler. Against every one's advice I left Rome for Switzerland, hoping to reach Paris later on. I trust I shall never again take such a lonesome ride as that one between Italy and Switzerland. The train was crowded with soldiers, as Italy was sending her troops to the frontier.

Lucerne was crowded with Americans, all highly indignant with Europe for inconsid-

erately spoiling their holiday, and all in a refreshing state of poverty. Many of them were millionaires, and their money was in American banker's cheques, or letters of credit, and they were unable to get a farthing. The credit system of Europe for the time being was smashed. They assured me in Lucerne that it would be impossible to get to Paris, as all the trains had been taken over by the government and the Swiss soldiers were mobilizing and going to the frontier. I was fortunate enough to get on a combination troop and cattle train going south to the frontier, and after two foodless days and two sleepless nights I reached Paris.

I was disappointed in not being able to see Mme. Curie, the discoverer of radium, to whom I had a letter of introduction. I was very anxious to visit her laboratories, also the Dr. Degrais Clinic—where nurses make most of the surface application of radium according to directions from the physician.

At the Institute Pasteur they are still working on the idea that cancer is infectious, and they are studying scarlet fever in this research hospital. In this institute they have covered porticoes and walks for ambulatory patients, also gardens with shrubs and trees, walks and small individual plots for vegetables or flowers. These give a great deal of pleasure to the patient and are considered to be of therapeutic value to certain patients.

I found it almost as difficult to get out of Paris as to get into the city. By riding on a crowded troop train I reached Havre August 13 and took the Channel boat for Southampton, arriving there the following morning. In spite of my American, French and English passports, I was not permitted to land until the American consul had vouched for me. I found that my boat was to sail from Liverpool, as Southampton port had been closed. I was penniless and so I appealed to the consul, who said he was penniless also, but would obtain permission for me to ride on

the train. When I reached Liverpool I went directly to the Tourist office, and found that my boat would not sail for five days. I was fortunate enough to get a \$10 cheque cashed for \$8 English money, and this paid for a cheap room and breakfast in a very cheap hotel for five days. I was very glad when the five days were up, as I often became quite hungry.

As I was crossing from Havre to Southampton a number of young women on board were gazing at the grim-looking battleships in the Channel, and were declaring their firm intention of nursing wounded soldiers; wounded soldiers stood for a heaven-sent opportunity of realizing their picture of themselves laying cool hands upon fevered brows. They did not realize that the circumstances of nursing have many repulsive characteristics; that it is not merely a question of nice, clean bandages, with a pretty nurse in a becoming uniform pouring out medicine. They did not know that the real beauty and satisfaction of nursing lies in very different things, and among those things are knowledge and training, knowledge which without rashness can take responsibility, and training which alone gives the endurance necessary in a work which, however inspiring at moments, has long and weary periods. Many of these young women were accepted as volunteers. In France, Germany, Italy and Switzerland the Red Cross Society is made up mostly of practical nurses. They consider that the practical nurse who can read and write one or two languages besides her own is of more use than the trained nurse, no matter how clever she may be. The most admirable nursing force of the various nursing branches in England is the Territorial Nursing Force Service. These are the reserve nurses who

can be called up at very short notice. There are three thousand of these nurses, many of whom are practical nurses. Queen Alexandra is the president, and the service is on the same lines as the regular army service. Miss Sidney Brown has entire control, and in addition there is a principal matron and local committee at each center. The advisory council of the service is a very representative body, including ladies who have had experience with nursing institutions, and there are five matrons from the best training schools for nurses in the kingdom. The principal matrons attend a military hospital triennially for training. The uniform is a blue-gray dress with a short cape faced with scarlet. The French nurses' uniform is white with a long blue cape, and they wear shoes with high heels and pointed toes.

A new feature in hospital work at the front is the use of trained bloodhounds for searching out and succoring wounded men. Dogs are used for this purpose both by the French and German armies and the British Red Cross were sending out some with their contingent of doctors and nurses. It is one of the lamentable features of war that wounded men often lie unfound and meet a miserable death. This can be prevented by the use of dogs, which are often very keen at their work.

We sailed from Liverpool August 18, taking the extreme northern route. We were escorted out to sea by gunboats. At night we sailed without lights, and near the coast of Labrador we saw many icebergs.

I reached Montreal August 27, where I met friends who helped me to reach my home in Vermont.

I would gladly have stayed in Europe and joined some Red Cross unit, but more pressing duties demanded my attention at home.



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RED CROSS DIVISION OF THE GERMAN ARMY



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BRITISH RED CROSS NURSES



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BELGIAN RED CROSS NURSES CARRYING WOUNDED

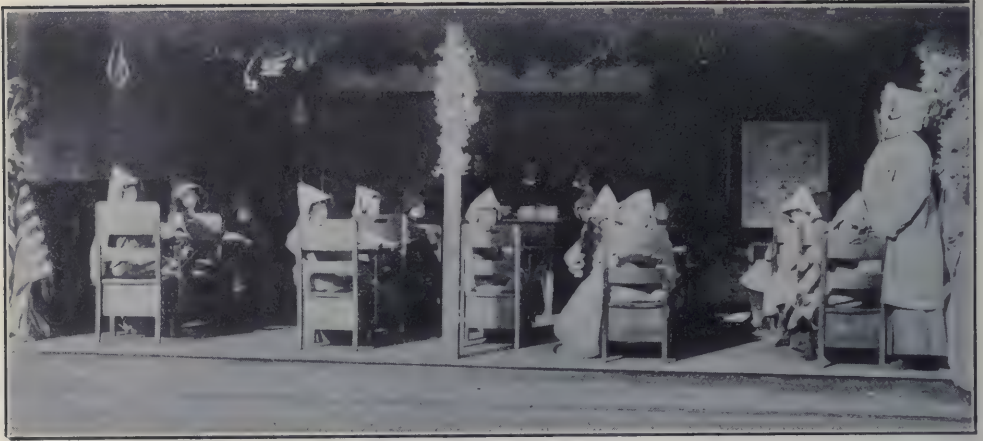


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HOSPITAL AT YMUIDON, HOLLAND—BRITISH SAILORS CONVALESCING

An Open-Air School

CECIL CHARLES



THE BUNGALOW CLASS ROOM

EVERY nurse or doctor who is ever in the vicinity of New Rochelle should visit Mrs. Beckwith and her wonderful school. She is a young woman of great enthusiasm and vivacity, with a keen brain and the power to get the attitude of the other person. This it is which gives her such an influence with children. They approach her as if she were one of them, yet with perfect politeness. Good-fellowship and joy are the keynotes of the school. As we discussed tea and cake on the spacious verandah Mrs. Beckwith kept half a dozen of her own domestic interests going, and at the same time flashed out all the information that could be carried away about her work.

The term begins in September on the same date as the public schools, the school complying with all the requirements of the Regents of New York State. During the fine autumn weather and during the bright hours of the winter days, the children occupy a bungalow, with many windows, which is completely open on the south side and closed on the north. It was put up at the

cost of \$250. The floor is laid with tarpaulin and double lined, which successfully keeps out the cold. The individual movable Moulthrop desks are exceedingly comfortable, of fumed oak, Mission style, combining seat, table and drawer for books. Each desk is accompanied by a bag for the feet, which retains the body heat sufficiently in moderate weather. In very cold weather, however, a hot soapstone is laid inside, to keep the kiddies snug. These bags are made by Abercrombie, Rogers-Peet, and Huyck, of Albany, and were first employed in Antonio Fiala's Polar expedition, then adopted by the tubercular patients at Saranac. The two worst features to contend with in outdoor treatments are draughts and cold feet. But Mrs. Beckwith overcame both.

The children, it is easily understood, come from the homes of well-to-do, but it must be distinctly disclaimed that this work is connected in any way with tuberculosis. The children are perfectly well when they come, and are not even related to any one with

tuberculosis, but their parents are simply sensible enough to see some of the disadvantages of an indoor school, and wish to give their kiddies the extra chance. The uniform consists of the usual clothing plus an Angora sweater, woolen bloomers, heavy overstockings to play in the snow, fleeced-lined gloves and a parca, a Klondyke hooded coat.

The faint indications on the city street that the seasons are changing are reenforced a hundred-fold by the enthusiastic teachers, who take the little folk to hunt for ground pine, or bitter-sweet, balsam or pine, dogwood or laurel, as they in turn appear in the neighboring woods. The pleasing fragrance of balsam or spring flowers, the dashing color of sumac and bitter-sweet not only develop a love of nature in these baby minds, but stimulate their bodily functions healthily—appetite, exercise and play.

It would seem fanaticism to keep children out in all weathers, so Mrs. Beckwith annexed her verandah, curtained it into the



SAMMY

floor with tarpaulin, below the many windows, and floored it with the same, using it for extreme days—only nineteen, however, last winter. The children quit the bungalow reluctantly.

Mid-morning brings a hot drink of broth or cocoa, accompanied by vigorous games. In the common schools every teacher dreads the "lag hour" from 11 to 12, due to impure air. The open-air school has no lag hour. It presents no problems for sanitation. The management of it is based on common sense.

The *ordinary* results of this work have been few colds, increase in weight and height, marked regularity in attendance, freedom from contagious diseases, and excellent school records. The children are weighed and measured every month, and all the data are kept in an excellent card system, filed with precision, just as in the DeWitt Clinton High School or the New York Hos-

pital. Here is one little girl's record for one term:

Weight, 75 lbs. 11 oz., to 86 lbs. 9 oz.

Height, 4 ft. 7 $\frac{3}{4}$ in. to 4 ft. 9 $\frac{1}{4}$ in.

Studies, 1 $\frac{1}{2}$ years' work in 1 year.

Two perfect marks—never late, never absent.

The pupils leave at about eleven years of age, when ready for the sixth grade, and the extraordinary results will show when those pupils—for the school is too young yet to show this—will enter high school, with all the latent vigor given by this inspiring play-school.

Four public school teachers constitute the staff, and are envied by the other teachers of the town for their opportunities to have fresh air.

The same physician who is on the public school staff examines the pupils. Almost all the physicians of New Rochelle endorse the system and prove it by sending their own children, where distance permits.

The next feature will be the equipping of a gymnasium.

Inquiries come to Mrs. Beckwith from all over the world, even from Moscow in Russia, about the pioneer work she is doing, to keep well children well, and she is happy to reply.

Commencement is in May, and a wonderful festival takes place in Rochelle Park, a most beautiful residential section, where the children, now lords and ladies all, dance the Morris dances, are king and queen of the May, wind the Maypole and do all the sweet, quaint, childish things that we adore. Mrs. Beckwith has a private collection of most beautiful pictures taken on these occasions, where childish beauty and health and grace stand out prominently in every line. We hope sincerely that the system will flourish and spread into every city. It should become a municipal duty.

Prevention of disease is a nurse's work, but there is a close line to hospitals in Mrs. Beckwith's mind. She teaches the children to give to the hospital, and in that neighboring institution, where there is an annual donation day, it has always been a joy to the busy workers to see a long line of kiddies, walking hand in hand, in pairs, up the street, each carrying his "donation," whether it was an apple or an orange or a box of candy or biscuit—grave wonderment on the little faces and sociability on the older ones'. "I was here last year," they say. And Mrs. Beckwith takes time to come too, and wish us luck.



THIS LITTLE CLASS HAD A SPLENDID RECORD

The Indians at the Fort Lapwai Indian Sanatorium*

JOHN N. ALLEY, M.D. Superintendent

AN INDIAN student returned from a non-reservation school about five years ago, and was given special treatment at the Fort Lapwai Indian School, Idaho. This developed such gratifying results that, after an experimental sanatorium conducted for two years in the old military hospital building, when over one hundred children were treated for incipient tuberculosis, it was decided to remodel the entire boarding-school plant at Fort Lapwai into an Indian sanatorium for the treatment of incipient tuberculosis. Its location in the Lapwai Valley, in the foothills of the Bitter Root Mountains, in a mild and equable climate, with cool, refreshing nights in summer and seldom zero weather in winter (contrary to what might be expected so far north), made it an especially well-adapted spot for this kind of work, easy of access from the main line of the Camas Prairie Railroad, a branch of the Northern Pacific.

The aim of the sanatorium is to restore to health Indians from six to twenty-one years of age suffering with incipient tuberculosis, at the same time giving them education and industrial training compatible with attainment of good physical condition, with a view to their future usefulness and the making of good citizens.

When it is considered that of something over four hundred and fifty Indians treated in the sanatorium since its organization, the majority of these would have died without special treatment and care; that 80 per cent. have been discharged with the tuberculous process arrested, with only 5 per cent. of deaths (and these were sent to the sanatorium not incipient cases, but in the advanced stage of the disease), the question as

to whether sanatorium work for Indian children suffering with incipient tuberculosis is worth while answers itself.

The influence of the sanatorium has been very widespread, as pupils from about thirty-five different Indian tribes from various parts of the United States have been treated here; the teachings and benefit of its work have been especially felt upon the Indians of the Northwest. The Nez Percés, the Indians of the direct locality of the sanatorium, have been reported as the most tuberculous of the Indian tribes, and for years before the establishment of the sanatorium they steadily decreased from eighteen to thirteen hundred. In the last two years the decrease has been checked, and they have begun to increase, owing to the observance of more sanitary living, resulting from teachings of those in the Indian work, and largely the education diffused from the sanatorium in the prevention of and protection against tuberculosis.

When traveling over the reservation certain building improvements, since the establishment of the sanatorium, are very noticeable. Modern houses are being built, with good ventilation, and many of them have sleeping porches. From the teachings of the sanatorium the Indians learn not only how the disease may be overcome but radically how to live so as to *prevent* it. Parents of patients come to us and ask us what to do so that the disease may be *kept* away. We find that even the very little children go home and tell about what they do and are taught in the sanatorium in order to grow well, and to continue so, and to keep from becoming ill. Through returned sanatorium patients lies the real dissemination of

* Reprint from *The Red Man*



YOUNGER CLASS IN OUTDOOR SCHOOLROOM



ONE FORM OF EXERCISE



REST HOUR



READY FOR TUBERCULIN TREATMENT

the education in the prevention of tuberculosis, the care during the disease and protection of one's self and others against it; for such Indians have *lived* and *experienced practically* the knowledge they have gained—always the best argument to others to be instructed. Therefore, even though one of the older patients may not remain to establish his recovered health, yet the value of the sanatorium education is fully apparent in that he is equipped to govern his future, if he will, against disease, and teach others what he knows.

Great emphasis is laid upon the every-day habits of living within reach of almost every one, so that our patients when leaving us may tell others who cannot go to a sanatorium how they may help themselves to keep well. Every Indian may not be able to go to a sanatorium, nor have special medication, or tuberculin, etc., but to almost all, if the effort be made, plenty of fresh air is within reach, and the means to keep the body and living quarters clean. To keep from spitting about and to teach others not to do so can be practised anywhere. If there is coughing and it is necessary to expectorate, a cup may be made of ordinary paper at home, just as well as in a sanatorium (our patients are taught how to make a sputum cup of ordinary wrapping paper), and burned. Teeth may be cleaned with a cloth and water when brush and tooth powder are not available. Food can be kept covered and free from flies when screens cannot be obtained. To teach sanatorium patients how to live while in a sanatorium is not enough. Patients should be impressed with the necessity for and taught how to *FIND a way to continue to live, and to teach others how to do so in the home conditions of the reservations, to prevent illness, and care for those already ill, especially of those coughing, and most likely having tuberculosis*. Patients, while given every scientific means for combating tuberculosis, are most carefully taught the importance

and right use of those things available to every one in the every-day living and habits, and turning these to best account toward good health and keeping it, and helping others to do the same.

The sanatorium organization has been worked out with great care, and every employee is required to cooperate in its ultimate aim, that each patient may be given the maximum of all the sanatorium has to offer. Dependent upon physical condition, a program, fitting into the general sanatorium program, is most carefully prepared by medical authority for each individual, so that each may have exactly the right amount of rest, treatment, nourishment, exercise, recreation and class-room work in order to grow well. Work is permitted only to the extent of being an adjunct to good recovery, though for the time exercise is allowed the child is as carefully taught as any not depleted in health. Those patients able to go take up school-room work for two hours daily; others, not so strong, attend for an hour, and are given special studies. The school is organized up to, and including, the eighth grade. Several, having passed the eighth grade, are doing special work, including stenography. Suitable amusements (most of them out of doors) and recreation—always under medical supervision—are provided for, and the sanatorium playgrounds are a feature of the work.

Patients are taught the value of giving an unquestioning, prompt obedience; of thinking and living right morally, as being absolutely essential to good health, to the attainment of a fine manliness and womanliness, and to claim the right of holding a place among others.

That the process of tuberculosis can be arrested in Indian children suffering with incipient tuberculosis has been fully demonstrated in the last few years. Advanced cases often improve, but it is the cases that are detected in the beginning (when the child has been found restless and listless,

showing no interest in his surroundings, with, perhaps, a sub-normal temperature, or a slight rise of temperature at times) who will improve and be most benefited by sanatorium treatment. Those coming in contact with Indians and Indian school work should remember this, and make every effort to detect at the earliest possible moment those children having tuberculosis, if the best results are to be obtained for them.

In following up some of our patients dismissed from the sanatorium, the reports have been very gratifying. Fully nine-tenths of those discharged have remained in good health, and are trying to carry out the principles of right living as taught them while resident in the sanatorium.

It has already been stated that each patient is treated individually, so that each may have exactly that which best suits his case in order to arrest the tuberculous process. Rest plays an important part in the treatment of tuberculosis. All wards are out-of-door sleeping porches, and the classroom work is done out of doors, except in very stormy weather (of which there is little), when the indoor school rooms are used. Exercise, school work and recreation are permitted to the extent of aiding recovery, medical authority recognizing the keeping of patients interested as essential to overcoming the disease. As nutritious a diet (the sanatorium's own dairy, farm and orchard largely contributing) is given as can be assimilated. Medication and treatments employ every available means within knowledge of medical science—medicines, tuberculin in selected cases, serums and vaccines where indicated, laboratory and microscopic examination governing the kind and quantity of treatments given.

In summing up that for which the sanatorium stands—as an institution for the treatment, education and training of Indians within certain ages, suffering with incipient tuberculosis; as a center of instruction for the prevention of and protection against tuberculosis (to be practised in home-living conditions as well as in a sanatorium); as an influence all through the surrounding community (not only among Indians, but among white people as well) toward more sanitary and healthful living, one must not forget the very far-reaching influence such an institution exerts also through its constant visitors, who come asking intelligently the causes and prevention of tuberculosis, as well as the care of it while in progress and protection against it, with an especially aroused interest in the Indians themselves. A right knowledge of any disease—especially tuberculosis, from which no race is free—obtained by every person, and the prevention of disease means the preservation of humanity. That both Indians and the general public can be taught the science of keeping well by the methods and routine practised in a sanatorium directly and through dissemination of the knowledge acquired, is hardly to be doubted.

During the warmest part of the summer a sanatorium camp is established up in the Craig Mountains. This is very much enjoyed by the patients, and is organized as a hospital camp, where the regulations of the sanatorium, adapted to camp environment, are as strictly carried out as when at home down in the valley. It is with very sincere gratitude to the Indian department especially, to others interested, and to faithful employees, that the help and interest and cooperation which have made this work possible for the Indians are acknowledged.

Radium is now being used with good results in the treatment of uterine carcinoma.

The Classification and Composition of Foods

HELEN G. HARLAN

THERE is probably no subject which has a more important place in the lives of all people, and yet which is less studied, than food and dietetics, or the study of foods and their regulation in the diet. The true science of feeding, so to speak, takes up not only what properties enter into foods, what elements are required to build and repair the body, and how the essential substances are best supplied, but also shows how to prepare them so that in health the body may maintain its greatest efficiency and in illness the least demand may be made upon the digestive and assimilative organs.

An immense amount of energy is required in the mere act of living, to say nothing of that required in the ordinary exercise of the day's work, and this is not supplied without a certain wear and tear of the body. The functions of food, then, are three-fold: to supply heat and energy, to build new tissue, and to repair old.

There are a number of chemical elements found in the body, the more important being nitrogen, carbon, hydrogen, oxygen, phosphorus, calcium, iron, etc. In order to build new tissue and also to repair old, foods must contain in some form these same elements as the body. No one food contains all of them in the proper proportions, hence we combine a variety of foods to form what is called a *balanced diet*, that is, one which contains approximately the correct proportion of each food element.

Foods may be classified in several ways, and for the sake of clearness three methods will be given. In general there are five food principles, namely, proteins, fats, carbohydrates, mineral matter and water, and all foods belong to one or another of these principles. In chemical composition foods are either organic or inorganic, the former being again divided into nitrogenous or non-

nitrogenous. The nitrogenous foods, or those containing nitrogen, are the proteins, while the non-nitrogenous are the fats and carbohydrates. The inorganic foods are minerals and water.

Again, foods may be classified as to function; that is, whether they are tissue formers and repairers of waste, whether energy and heat producers, or whether regulators of the body processes. Proteins are the chief tissue and muscle builders, although such hard tissue as bone, nails, teeth, etc., are composed largely of minerals. In a way, also, water is a tissue former, since it comprises about 60 per cent. of the body.

The carbohydrates and fats each yield energy and heat, the former being more important energy producers, while the latter have greater heat-giving qualities. Proteins also are available, when necessary, for producing heat and energy.

Water and mineral matter are the two great regulators of the body processes. Water flushes the system, acts as a solvent, and also regulates the temperature, while the minerals give to the blood lymph and other body fluids a certain degree of concentration which is absolutely necessary to the vital processes.

Finally, foods may be classified as to source; that is, whether of animal, vegetable or mineral origin. Proteins are found chiefly in meat, fish, eggs, milk, cheese, nuts, beans, peas, lentils and some cereals. Fats are found largely in oils, butter, cream, bacon and other fat meats, and nuts. Carbohydrates are found in cereals and their products, sago, tapioca, rice, starchy vegetables like potatoes, corn, etc., sugar, honey, sweet fruits, etc. Mineral matter is available in both organic and inorganic forms. As has been stated above, nitrogen, one of the most important minerals, is supplied in

protein; iron is found in eggs (especially the yolks, the whites yielding a large amount of sulphur), meat, spinach, whole wheat, fresh and dried beans and peas, raisins and prunes; phosphorus is also found in the foregoing, with the exception of raisins, prunes and spinach. In addition to these it is found in milk and cream. Other minerals are found in the various fruits, cereals and vegetables, but those mentioned above are the most common. Water, beside being found pure or almost so in nature, is found in greater or less quantities in nearly all foods used by man, and its deprivation is felt far sooner and keener than that of food. One can live on water without food for a long time, that is, some weeks, but death results in a few days when water is withheld.

A combination of nitrogenous and non-nitrogenous foods with water to dissolve them and oxygen to effect combustion, that is, to burn them, is necessary for the proper support of the human body. Air is not classified as a food, because it does not properly enter into the system and become a part of it. But its presence is just as essential as that of any of the so-called foods. In fact, if it is withheld, or if not enough is supplied, not only will the food not be prepared for assimilation, but also poisonous products from incomplete decomposition will be formed, and starvation will result just as surely and truly as if there were an entire lack of food. "Fresh air, air with its quota of oxygen," according to Ellen H. Richards, "is then a prime requirement in nutrition."

Some one asks, then, "What is a perfect food? Is it one that contains all the nutritive elements of the body—proteins, fats, carbohydrates, mineral matter and water?" That is the first requirement, yes, but there are four others equally important. In addition to its composition, a perfect food must contain the different food principles in their correct relative proportions; it must contain in a moderate amount the total nutriment required daily; it must contain nutritive ele-

ments capable of easy absorption, and yet which leave a certain amount of unabsorbed material to act as intestinal balance; and, finally, a perfect food must be procurable at a moderate cost. In all our long list of foods there are only two single ones which answer the first of these requirements, and these are milk and oysters. Both contain some of each of the food principles, but they cannot stand the test for the other requirements. Consequently, it must be readily seen that perfectly balanced meals can only be supplied by a mixed diet, that is, a diet whereby one food may be used to supplement what is lacking in another. For example, potatoes, which are rich in starch and minerals, are served with butter and often milk, to supply fat and a small amount of protein. Meat, one of the chief protein foods, is combined in serving with starchy foods, and so on. All through the ages these things have been done, almost instinctively, for until a few years ago no one had worked out a scientific reason for such combinations, and they were used because they went well together.

Now, however, it has been determined that a well-balanced diet contains from 10% to 15% protein, 25% to 40% fat, and 40% to 60% starch and sugar (carbohydrate). To secure the best results, meals, whether in an institution or in a private home, should be planned several days ahead, each meal and each day hinging to the preceding, for it is only in this way that desirable combinations may be made with little or no waste. It is not necessary for each meal to be perfectly balanced; in fact, this is very difficult to do, or even each day's meals, but if the balance for the week is maintained one may feel satisfied.

So much, then, for the classification and composition of foods. Much more, of course, could be written, but the above will serve to give a more or less broad understanding of the subject, and will furnish to those interested a good foundation for future work.

What a Pupil Nurse Should Know When She Leaves the Operating Room

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(Continued from November)

STERILIZATION

IN THIS department the nurse shows her conscience. It is very easy to preserve asepsis when the goods have all been properly prepared. The two water tanks must be boiled up daily, and by having a *cold coil on both* one need never be afraid of a shortage in the supply. One must learn the mechanism and operation of all the apparatus, so as to know when it is out of order, gauges, filters, valves, stop-cocks, etc. The technique of sterilization must be decided by the staff—the periods of time differing for water, basins, gloves, iodoform, oils, etc. If there is no operating-room orderly the nurses must polish the sterilizers and be, *in any case*, thoroughly conversant with the values of the different nickel and brass polishes. All formulæ for iodoform, saline or other special solutions must be at the nurse's finger-tips, as well as in the book of routine.

The following headings are intended only to serve as reminders, the solving of each being left to the orders of the staff:

1. Sterilizing liquid paraffin, omental oil, wax, vaseline, olive oil.
2. Sterilizing gauze dressings, cotton, packing.
3. Sterilizing gloves, rubber dam, jars, silk gut, silk, at different periods and different pressure.
4. Sterilizing arm tanks, basins.
5. Sterilizing instruments, needles, scissors, knives.
6. Sterilizing syringes, putting luer syringes away sterile for blood cultures.
(a) Infusion sets; (b) hypodermoclysis sets.
7. All kinds of needles—all needles to be kept in operating room.

8. Sterilizing thermometers and putting up dry.

9. When drums are packed for the autoclave, the pupil must pack it with system, so that it is opened in the order that one requires the things. She should put her name in, on a slip, so as to take the responsibility of packing it.

10. Test tubes for sterilizing with live steam are open at both ends.

11. Towels are of a different pattern from those designated for ward use.

12. There is a special way to sterilize bougies, filiforms, rubber tubing, rubber tissue, safety pins, etc. Some rubber goods are well kept in lycopodium powder. Opinions differ about rubber tissue being better dry or wet. Safety pins keep well in alcohol.

LINEN

The nurses are responsible for washing out clots and taking out stains before sending linen to the laundry, and looking for portions of specimens. It is unwomanly to ask an orderly to do it. The laundry must return operating-room linen very promptly. All buttons, tears, rips and tapes must be attended to at once. The covers of dressings must be made in the operating room in all small hospitals, or, if elsewhere, to the supervisor's order. But they must be kept washed very frequently; there is no use trying to sterilize genuine plain dirt. Where there is a good system in the office, for booking operations and a good laundry, and a good linen supply, the supervisor need never grow gray and frenzied through shortage of linen. The pupil given the charge of the linen cupboards should learn to count and

plan so as to be forehanded and have enough sheets and towels for all cases, and be reprimanded if she hasn't. An intelligent management will not skimp the operating room for this. There should be enough of all kinds of articles.

1. What is used one day.
2. The day it is laundered.
3. The day it is put up and sterilized; if too busy, the second day.

OPERATING ROOM TECHNIQUE AND ASEPSIS

"Technique" really means the surgeon's method of procedure in curing his patient. Nurses often confuse it with "asepsis." Asepsis means a complete chain of germ-free cleanliness. The senior nurse must be able to prepare for the following:

1. Administration of salvarsan, blood serum and other serums or vaccines.
2. Sending specimens to the laboratory: Blood pus, sections, specimens, some in formalin of a definite percentage.
3. Care of test tubes, slides, applicators.
4. Fumigation, daily cleaning, and annual cleaning of operating room, rounded corners and walls that can be hosed off.
5. Weekly overhauling of instrument cabinets.
6. Complete aseptic precautions:
 - (a) Cleansing tables and floor; (b) wearing cap and gloves to set up; (c) Keeping chain of cleanliness in mind; (d) not going to an unsterile object after beginning; (e) not going to a sterile object after having touched a former case.

I have noticed in many cases that once a man gets into a cap, gloves and gown he thinks he sterilizes everything he touches. He does the vaginal work on a case, then goes to the "sterile" table for more gloves, then goes again to that sterile table for gloves for the abdominal incision for another case, helping himself. This would be all right if a nurse stood there to hand him the things or drop them on his own table, which is going to be changed. But after he once

comes in contact with one case, he should touch nothing belonging to a second case. Besides, hands that have been scrubbed and then gloved half an hour are no longer sterile, on account of the perspiration.

As a test for asepsis, there should be cultures taken under the nails of all the persons actively engaged in handling sterile goods or wounds after they scrub.

The asepsis of the operating room is defined by the staff. The technique is set by each operator.

7. To get ready for tapping any cavity; repairing drains—cigarette, tubs, gauge, catgut; preparing for lumbar puncture—position of patient (modified Sims).

8. Know when to drain—know how to anticipate the doctor's needs.

9. Keeping instruments clean during the operation, and wet or dry as the surgeon wishes.

10. To remain in operating room after scrubbing up, to dress suitably in order to do best work: good heels, good cap, hair drawn completely under cap, light clothing, short light-weight gown.

11. To test catgut before giving to the surgeon.

12. Scrubbed nurse should think out the operation beforehand, with the aid of the house surgeon and take notes on all cases. She should be able to tell the junior pupils tersely where to get a special instrument, or how to hold a package. She should be all eyes and ears, living intensely in the moment, with corresponding relaxation afterwards. She should keep a list of the instruments likely to be required in each sort of case, and pay special attention to the whims of each operator. When her term is up she should know how to set up and pass sutures or instruments for any kind of case, and, best of all, *how to improvise an operating room in a private house*. The chief points are:

1. Passing sutures, all kinds, for all men, for all sorts of cases and all parts of the body.
2. Holding retractors.

3. Keeping the field clean with fresh towels—keeping them folded like an accordion till near the wound, then opening them, like a fan.

4. When the intestines are exposed, having hot saline towels ready, and being *aggressive* about it.

5. Putting on laparotomy or vaginal sheets.

6. Anticipating any surgeon's needs.

7. Passing sponges.

8. Insertion of retention catheters.

9. In Cæsarean section, providing for the infant and the doctor caring for it—incubator, clamps, scissors and cord dressing.

10. The scrubbed nurse should be to the rest of the pupils the interpreter for all the doctors.

11. When drainage is necessary, what size and kind.

12. To set up for any kind of operation from the crown of the head to the sole of the foot.

DIVISION OF DUTIES

It is not fair to any hospital, however small, to limit the force in the operating room to two. There should always be three, in a major case, for the patient's sake, to keep him anesthetized as short a time as possible. The supervisor should feel confident that the senior can, with a little coaching, relieve her in the third month, falling back on the previous pupil for the first two months; these two pupils should alternate on call for night work with the supervisor and with each other, in a large school, with one another to save the supervisor's brain for good, snappy, executive work. All pupils love the operating room and some are exceptionally suited for it. Even the inapt ones mourn when they are not given a chance to shine. But operating-room work is not specified in their curriculum, and in these days of hospitals, no patient need be operated on at home, therefore it is not very necessary for every nurse to get operating-room work, unless for the

reason that each can take her turn in relieving, especially on night duty, or if she takes private duty in country districts. Those who plan to do foreign nursing in the foreign field or in rural places must excel in this training. The best feature in the whole three months' course is the improvised operating room in a private house, where not a thing is used that ever saw the inside of a hospital. A pupil who has creditably completed her operating-room training under a good supervisor should be able to step into any other operating room of the same calibre and in a few weeks, after getting the swing, run it. I believe in yearly examinations for supervisors, so that they will try to make progress, visit other institutions, observe new methods, read and study. Then it should be made worth their while by liberal salary.

BUSINESS ETHICS OF THE OPERATING ROOM

The nurses of the operating room staff require to be very alert in a business as well as a professional way; the office must give them all kind of assistance about notifying them as the surgeons and cases are posted. On the other hand, they must report to the office any discussion of business that will affect the house which they overhear. If the operating room is not to be used for dressings or plaster casts, it isn't; and if they hear a man plan to do a dressing which can perfectly well be done in the patient's room or a dressing-room, they should notify the office for help, since at that moment arrangements may be made there for an emergency coming in. There must be a distinct basis for work, and every one must understand it and stick to it. For the welfare of all, the supervisor must confer with the superintendent frequently about paint, flooring, tiling, ventilation, and plaster, as well as about the wishes of the surgeons expressed when at high tension, about future work, apparatus, instruments, and the quality of supplies furnished. Included in the

pupils' three months should be visits to other operating rooms for comparison as to construction and equipment, notes taken and read. The nurse should know how to prepare for visitors or students. In order to facilitate intelligent ward work, the operating room sends down a slip on the chart, showing the name of the operator, operation, anesthetic, stimulation, drainage, and the condition of the patient. Perfect records for the operating room are necessary for the annual report and legal data. There must be clear information about death under anesthesia, death on the table, specimens, operation on the wrong eye or wrong side for the hernia, charts, instruments and sponges. When messages come from the office or outside for any doctor, they should be written and shown to the house surgeon, who uses his judgment about delivering them.

Clergy coming to hear confessions, relatives and visiting physicians must be treated with every courtesy. Requisitions to the office should be clear and explicit. The orderly should always be easy to find. If an operation is carried over the meal hour, there

should be a telephone message to the dining room about what time the force will be down and how many. Working in concert, or cooperation, is the life of the operating room.

The office should keep a first-class register in which the surgeons post all their cases, with due regard to the kind of anesthetic, ward, rate and nature of the operation. The amount of time *should be spaced off from the beginning of that case till it is all cleaned up and the next one set up*, so as to facilitate the operating nurses' work.

There should be a definite time slip made and adhered to daily for all the nurses. Each nurse should have a definite printed slip of her duties, and all the precision with which she is taught should be reflected in her own future work. To the hospital, the benefit of her training is shown in her conduct of infusions and other special treatments on the wards afterwards. To herself the benefit consists in the widening of her sphere of usefulness and the advantages gained by revealing any skill she has to those who may afterwards find her cases or help to recommend her to get a position.

CHRISTMAS PRAYER

God grant no little child may go
With hungry heart or empty hand—
Give this Thy world one radiant day
To understand, to understand!

Give us the fitting word to say;
The spendthrift smile, the brave caress.
Disclose our hearts; and give us now
The courage of our tenderness!

The world is old with toil and tears;
The lanes lead upward to the mart,
Yet still the little children keep
The ancient simpleness of the art—

Alone beside the altar fires
They build the perfect sacrifice,
Of laughter and of tenderness,
Nor count the price, nor count the price.

They are so brave with love and dreams,
So eager-eyed, and ah, so dear—
I think we must return them now
The faith they bore across the year.

I think that we must give them now
The spendthrift smile, the kindly word,
That earth may keep its ancient Hope
And we Thy full commandments, Lord.

—F. Dana Burnet, *New York Sun*.

Thigh Friction and Masturbation in Infants and Young Children

ALICE HAEHNLEN, R.N.

THE frequency with which this condition is met with but unrecognized by the trained nurse has prompted the writing of this article. Few nurses realize that sexual manifestation or expression is met with in the young. Masturbation constitutes a far more regular occurrence in childhood than is generally supposed. This statement is based not only on my own observation, in intimate association with children during the past twelve years, but upon that of many writers known to me in medical literature.

Masturbation is seen in children of all ages, and in both sexes. During infancy the majority of cases are met with among girls. Many cases are seen in infants under one year, and some as early as the seventh month.

Thigh friction is commonly described as a form of masturbation. Considering the rudimentary condition of the sexual organs during early infancy, as described by Rachford of Cincinnati (who considers it a different condition, and describes it as a habit-neurosis), it is hard to believe that the sensations produced by thigh friction are the same as those produced by exciting the same nervous mechanism in older children in whom the sexual organs are sufficiently developed to respond. However, the act involves that portion of the nervous system which later controls the fully developed sexual organs, and sensations produced are probably similar. By many physicians they are considered one and the same thing, or thigh friction as a forerunner of masturbation. The treatment is the same. The prognosis in thigh friction is always good, in masturbation as it occurs in older children it is not always good. These cases are diffi-

cult to treat and the habit once formed is hard to control.

In infants and young children the act is accomplished by thigh friction, or by rubbing the body with some toy, or against the bosom of the mother or nurse while held on the arm. Sometimes a peculiar rocking motion will be noticed, or the child will lie upon the floor or bed, with the thighs crossed and tightly held, and apparently making efforts to raise and lower the body on head and heels. This may last from a few moments to a minute or more. The face becomes flushed and there is every appearance of excitement, then follows a period of relaxation or prostration, often accompanied by perspiration. The infant, if disturbed during the act, will become very irritable. The habit may be repeated several times a day. Sometimes the mother will innocently describe these habits as "queer tricks."

Any irritation that may cause the child to rub the parts, thus gaining relief, and a pleasurable sensation being excited, the habit is formed by the act being repeated. It is especially likely to be practised when children lie awake alone after they have been put to bed. A consciousness that they are doing something wrong early leads even young children to get by themselves when they repeat the habit.

The predisposing factors are the same as those causing most of the nervous diseases of childhood, viz., anemia, malnutrition and a neurotic constitution, which is often an inheritance. When the habit develops without any local cause it may be a sign of mental deficiency.

It is much easier to prevent than cure. In boys the glans must be absolutely free; this

in the majority of cases can only be obtained by surgical measures. In girls the parts must be kept clean by gently washing once a day, and applying a non-irritating powder, such as equal parts of starch and zinc oxid. While cleanliness is essential, the parts must be manipulated as little as possible. Louis Fischer, of New York, reports the indiscreet handling by nurse-maids, or handling of the parts to keep the uncircumcised clean, as the origin of this habit in many cases.

Irritation may also be produced by concentrated or very acid urine, retained urine, long, tight or adherent prepuce, redness or swelling of prepuce, phimosis, vaginitis, or tight clothing. Cases have been reported in which pinworms wandering from the anus to the vagina have set up an irritation resulting in masturbation. Friction produced by riding a toy rocking-horse or a tricycle has been reported as causing this habit; many children have confessed to the imitation of older children.

The effect of this habit is to produce physical and mental debility, headache, palpitation of the heart and emaciation. Chorea and hysteria may develop. It is stated by some physicians to be a direct cause of insanity.

The headache, anemia, dark circles under the eyes, the irritability and embarrassment sometimes mentioned as distinctive signs, are common to so many other conditions that from them alone we cannot make a positive diagnosis. The diagnosis should only be made after the child has been actually observed to perform this act on several occasions.

The younger the child the better the prognosis, because they are more easy to watch and control; besides, the habit has not been so firmly fixed. When masturbation is a symptom of degeneracy the cure is hopeless, and we can only try to keep the child from morally infecting others. It is the duty of every nurse to warn parents that such a habit may be formed, that all children

should be carefully watched, and the first suspicious sign should be reported to the physician.

Many and varied are the remedies tried, and it is well for the nurse to familiarize herself with them, as her ingenuity will often be called upon to assist the physician in each individual case, as in no two cases is she likely to find identical conditions.

Spitzka advised painful corporal punishment for every attempt by infants at touching the genitals, as he found the young child accessible to no other argument. It is doubtful whether this advice *could* be followed by many nurses, or *would* be followed by many mothers. Other physicians advise avoiding punishment but using moral persuasion, diversion of the mind, exercise, bathing with cold water and general hygiene. As soon as children are old enough appeal can be made to their sense of shame and of self-respect. The mother or nurse must try to gain the child's confidence and to strengthen his will and self-control.

The local causes must first be removed. In infants the prepuce is adherent to the glans, but later these adhesions are broken down and the prepuce becomes free. If, however, there is inflammation excited by irritants, as accumulations of filth under the prepuce, these adhesions may become firm, or the orifice may become inflamed and so dense that it will not yield, even to allow the free passage of urine. Circumcision is usually done whether or no phimosis exists. In older children the moral effect of the operation is frequently of great benefit. In girls the preputial hood is frequently separated from the clitoris. In some cases complete circumcision is done. Blistering the vulva or inside of the thighs is sometimes ordered. Bromides are ordered in serious cases. In many cases, however, such heroic measures will not be necessary.

Fischer, in addition to mechanical restraint, advises local applications of lead water over the genitals to reduce irritation,

also the elimination of red meats from the diet for some time, and the correction of a highly acid urine by the administration of bicarbonate of soda or some other alkali.

In younger children pinning a large napkin over the one usually worn in such a manner that the hands cannot possibly touch the genitals, and the thighs cannot touch, is frequently ordered. The napkin must be pinned tightly around the waist and around each thigh, but in such a manner so as not to irritate the genitals. This method should not be tried with children predisposed to rickets or soft bones, as it would tend to induce curved or bow-legs. These cases are usually ordered to wear thigh braces, which can be adjusted to any desired angle; or a wooden brace made in the shape of a triangle, with leg straps attached to two of the sides, may be applied between the thighs.

Mechanical restriction can also be obtained by pinning or tying the hands, by the sleeves, to the mattress in such a manner that they cannot possibly touch the genitals; or if thigh friction is practised, the feet should be separated by tying one toward either side of the bed or pinning by means of safety pins the heels of the pajamas to the mattress.

Constant watch must be kept; relapses are liable to occur. The general constitution must be built up. The child should live out-of-doors, free from all excitement and mental stimulation. These cases should never be trusted to the care of the general nurse-maid, but the mother or a competent elderly woman who thoroughly understands the significance of this habit must relieve the trained nurse in the constant supervision of the child.

"Mothering" the Babies

They have a method at the Infants' Hospital of Boston which is heresy to most of us, but which they claim is both scientific and productive of good results.

They take each baby up for a certain time each day and hold it, just deliberately mother it in sheer enjoyment. They do it because the babies get tired of lying in their cribs, and it rests them physically and pleases them mentally. They deny absolutely that it "spoils" them, insisting that babies learn so rapidly that they understand. They insist that they do not cry for more when they are put down.

The procedure is as much a part of the treatment as is feeding or bathing.

A Frame for Spinal Curvature

The *Nursing Times* (England) gives this description of a frame in use in the Crippled Children's Hospital Home, Edinburgh. It consists of an iron frame, longer than the child's body, covered with canvas and raised (to suit each case) so as to relieve all pressure on the spine. Pads are placed at each side of the spine. A binder comes right underneath the frame and around the body of the child, and there are simple little shoulder-straps, all being easy to adjust and maintaining the desired position. The width of the frame allows the child's arms to rest upon the bed on either side, this being a great improvement upon the old pattern. The older Bradford frames are also used here.

The "Twilight Sleep"

Current Medical Opinions

WHILE medical opinion in America seems to be divided as to the merits of the "painless childbirth" treatment, popularly known as the "twilight sleep," referred to in our October number, in the Jewish Maternity Hospital, New York, at the Bellevue, the Lebanon and other hospitals in New York City the method is being "tried out" and there is much of both favorable and unfavorable criticism. Those who are ardent promoters of the treatment are accused by their medical confreres of promoting an elaborate advertising campaign in popular magazines and newspapers. One difficulty will always be—whether the final opinion is favorable or unfavorable—that because such patients require the most careful watching, extending over from twenty-four to forty-eight hours many times, no physician can afford to devote himself for that length of time exclusively to patients in average private homes. The treatment can only successfully be carried out in a hospital built or arranged for the purpose, the delivery rooms being practically sound-proof. The physician with a family practice in homes will be slow to advise his patients to go to such a hospital unless he can follow them there, and hence, for purely economic reasons, medical opinion is likely to remain in a divided state, and most babies will continue to be born at home and under pretty much the same sort of conditions that they have been for many a year. In *McClure's Magazine* for June, Professor Kroenig, of the Freiburg clinic, Germany, thus describes the treatment and the essential memory tests:

Ordinarily, from half to three-quarters of an hour after the first injection the drug takes effect. The sleep commences. The suffering increases and the patient has not lost consciousness. About an hour from the time of the first injection was given the second is given—of scopolamin in

much smaller quantities, generally without morphine. In the succeeding doses scopolamin is usually employed alone.

About this time, also, begin the tests of amnesia. An object is shown the patient. Half an hour later she is shown it again, and is asked if she has seen it before. If she remembers it we consider it an indication that we should give another dose of the same strength. We select for these tests objects connected with the immediate environment. Half an hour after the second injection the patient may be asked if she has had one. If she has no recollection of it we consider the amnesia sufficient. No repetition of the dose should be given while memory exists.

Analysis of 3,600 cases already statistically studied at Freiburg shows that the twilight sleep has caused no injury to the mother. Not one fatality can be charged to it. The muscular activity of the mother is not held back; the birth period is not appreciably lengthened, except in those cases that would, under ordinary conditions, call for operative interference, and in which the elimination of pain makes it possible to give sufficient time for spontaneous birth. There have been no hemorrhages caused by the drug, nor any but normal loss of blood.

On the other hand, its benign effects are shown in the fact that the abolishing of the suffering frequently improves the effectiveness of the birth-pains, for the woman makes no apprehensive effort to hold them back; while the astonishingly rapid recovery through the sense of conserved nervous energy speaks for itself.

In particular, the new method has reduced to practically nothing the danger to the child and mother from the use of forceps during birth. In the Freiburg clinic these are almost never used.

A recent issue of the *Ladies' Home Journal* contains expressions of opinion from some of the foremost medical men in America relative to the value of "twilight sleep":

Dr. Victor C. Vaughn, president of the American Medical Association, says:

"The anesthetic action of scopolamine was first demonstrated in this country. So far our specialists in this line are not satisfied that this use of scopolamine is free from injurious effects. This

conclusion is based not only on observation made in this country some years ago, but upon recent observations in Freiburg. The women of this country can be sure that the medical profession here is fully alive to everything which may safely eliminate human suffering and abate even to a small extent the pain of the physiological function of childbirth. Up to the present time the profession is not convinced that this drug, either alone or combined with morphine, is free from danger either to mother or child, or both."

This is what Dr. Charles M. Green, professor of obstetrics and gynecology in Harvard University, has to say:

"The use of scopolamine-morphine as an anesthetic in labor is no new thing; introduced by von Steinbuechel in 1902, it has been tried in this country, as well as in Europe, by numerous obstetricians. My own observations, published in 1903, led me at the time to favor this therapeutic means of producing the 'twilight sleep' and removing the consciousness of pain, or at least preventing all remembrance of it. I have long since abandoned this agent, however, for two reasons:

"First, because it has apparently been the cause, occasionally, of fetal asphyxia.

"Second, because the effect of the drug on the mother is often uncertain, and unless used with great care may cause unfavorable or dangerous results.

"Moreover, we have other and safer measures for the relief of pain in labor. So I have given up teaching the use of scopolamine in my lectures."

Here is the opinion of Dr. J. Whitridge Williams, professor of obstetrics in Johns Hopkins Medical School:

"We have used the scopolamine treatment of childbirth in two separate series of cases at the Johns Hopkins Hospital, but in neither series were the results satisfactory, nor did they in any way approach the claims made for the treatment. We expect to do more with it next year. In the meantime my own experience and conversation with Professor Kroenig do not make me feel that the method really constitutes a great advance over those which are in use by American physicians."

PARTLY PSYCHOLOGICAL

Dr. Barton Cooke Hirst, professor of obstetrics in the University of Pennsylvania, who has visited the Freiburg clinic, says:

"The mitigation of the pains of childbirth has always been the anxious concern of physicians all over the world, but more than ever since the discovery of chloroform and ether and their use for

this purpose. In recent years several methods have been proposed that it was hoped might prove superior to the agents formerly used. Among these was the hypodermic injection of morphia and scopolamine, to produce semi-consciousness and indifference to pain, or what the Germans call 'twilight sleep.' As long ago as 1903 a monograph appeared in Vienna advocating this treatment. American physicians, quite as progressive as any others in the world, tried this method in our largest maternities. Among other places I was employed in the maternity of the University of Pennsylvania, in a series of cases over a period of two years. My experience with it coincided with that of my colleagues in this and other parts of the world. If enough morphine is given to abolish pain there is too much danger of hemorrhage in the mother and asphyxia in the child. The scopolamine does not diminish pain, but simply quiets restlessness.

"As a member of the Gynecological Touring Club of America, in the summer of 1912, I had the privilege of observing this method at Freiburg in the clinic under the superintendence of Professors Kroenig and Gauss. It was interesting to hear that the morphia was employed in a single moderate dose, followed by small quantities of scopolamine. Evidently the disadvantages of the treatment—hemorrhage and asphyxia—had necessitated this modification. My conclusion from this observation and from my own experience was that the quantity of the two drugs being insufficient to abolish pain, the results secured in this clinic were partly psychological—that is, the patients were assured beforehand that there would be no suffering; were delivered in a quiet, dark room; were given one moderate dose of morphia and became temporarily under its effect; and being told afterward they had had no pain, probably left the institution impressed with that belief."

AN ADVERSE CONCLUSION

This opinion is expressed by Dr. Joseph B. De Lee, professor of obstetrics in the Northwestern University Medical School:

"In November, 1913, I spent four weeks in Freiburg, and I had the opportunity to observe personally and study critically about ten cases of childbirth conducted in Professor Kroenig's own clinic. The impression received and opinion formed were unfavorable to the methods of 'twilight sleep.'

"In all the ten cases the birth pains were weakened and labor prolonged; in two of the women for almost two days.

"In five of the cases instruments had to be used. In my opinion, two of these were directly rendered necessary by the paralyzing effects of the drugs scopolamine and morphine. Extensive lacerations resulted.

"Several of the women became delirious and so unruly that ether had to be administered in addition to the scopolamine and morphine, the result being that the infants were born narcotized and asphyxiated to a degree. One had convulsions for several days.

"All these occurrences confirmed my own experience with the drugs. I had used them when

first proposed twelve years ago. At that time they were extensively employed in Europe and America, but were soon discontinued because they were found impractical and dangerous.

"I visited the same maternities of Berlin, Vienna, Munich and Heidelberg; in all of them, upon inquiry, I was told that this method had been tried and discarded."

The advocates of "twilight sleep" maintain that these eminent physicians are either not fully acquainted with the method of treatment or are mistaken in their views.

Service

ALICE J. NICHOLS

Three years made up of busy, toiling, care-filled days,
Of nights that oft more busy proved, more full of
care!

Three years of earnest thought, endeavor, hope and
prayer!

Today with eager hearts we face the parting ways—
With eager hearts, yet somewhat sad—joy touched
with pain—

For well we know we shall not trace these steps
again.

Our thoughts turn back a moment to recall the past;
Perchance some helpful lessons from it we may learn,
Perchance its swift review into our hearts may burn
Some vivid message that throughout a life shall last.
Speak, Memory, and we'll listen to thy words most
true;

Speak, Truth, and with thy courage our faint hearts
imbue.

We listen, and, with curtains half withdrawn that hide
Her form, speaks Memory, while her guardian sister,
Truth,

With eyes which look forth calm, serene, yet touched
with ruth,

Speaks words of righteousness which will not be
denied.

And as we list, duties well done set hearts aflame
With joy; neglected ones bring well-deserved blame.

Yet must we not linger here. The things behind
We would forget, and forward press to that best goal
Where waits the prize our highest calling doth extol:
The prize of Service—greatest gift to all mankind.
The years behind, with their undreamed of toil and care,
But fit have made us such rich prize to rightly bear.

Service! How sweet thou art since that most
blessed time

When holiest lips of all gave honor to thy name!
For sought not then the Christ world-glory or world-
fame,

But lived as simple servant. Hear His word sublime:
"But I among you am as he that serveth. See
In this example true for followers of Me."

Then follow we the Christ! As He by beds of pain
Gave ministry of holy word and touch, to heal
Both body and the sin-sick soul—so He reveal
His power, will we repeat His service sweet again,
Nor loathe the foulest, nor the hardest task e'er shun,
So might we followers prove of that most Holy One.

Then go we forth to toil, to suffer, to endure;
With well-trained minds and hands to serve a sad
world's need,

To cheer and comfort give by voice or loving deed,
To make all life the power by our own lives pure;
Hoping as rich reward some time to hear Him say:
"Well done, thou faithful one! Me thou shalt serve
always!"

Gleanings

Typhoid Fever in Early Life

J. P. Crozer Griffith describes this disease as it occurs in infancy, in early childhood (two to six years of age), and in later childhood. The division is of importance because the symptoms, course and prognosis vary with the three different periods of life. The onset in infancy is decidedly shorter than at a later age. It may be roughly stated as lasting from three to four days before the fully developed attack is reached, this being marked by the appearance of the roseola or by the fever reaching its height. The temperature rises rapidly and is often at its height when medical aid is first summoned. There is rarely seen the steplike rise of the adult type. Vomiting is a frequent early symptom and in some cases is very troublesome, while diarrhea is oftener observed than at later periods of life and is probably more frequent than constipation. After the attack has reached its height vomiting is comparatively frequent; diarrhea continues to be oftener seen than constipation; coating of the tongue is common, but dryness and fissuring are very exceptional; there is not much loss of appetite, this depending, perhaps, upon the presence of thirst; abdominal distension is frequent but not troublesome. Comparatively uncommon are such nervous manifestations as decided dullness, apathy or unconsciousness, and only in the severer cases is there marked prostration. The roseola is perhaps as frequently seen in infancy as later. The temperature is not characteristic and many variations are witnessed. In early childhood one expects the attack to run its mildest course. The onset is not as sudden as in very many cases in infancy, but nevertheless

is often short and abrupt. In most cases the onset is insidious, with symptoms so little marked that nothing of importance is suspected until perhaps the roseola and enlarged spleen are found. In the eruptive stage there is generally an absence of the evidences of the typhoid state so common in adults. In later childhood the disease gradually approaches the adult type more and more as puberty is approached. This is especially true after the age of ten years. Diarrhea is now often troublesome, the result of the greater degree of intestinal ulceration present at this time of life. Hemorrhage and perforation are more liable to occur than earlier. The symptoms of the typhoid state are more likely to develop, yet not to the extent seen in adult life, and only in severe cases. The course is longer than before, frequently equaling the ordinary four weeks of the adult, and the temperature of the third stage is often more of the remittent type.—*New York Medical Journal*.



Outdoor Treatment of Puerperal Infection

For the past five years outdoor treatment of puerperal infection has been the routine in the Boston City Hospital. This E. B. Young and J. T. Williams (*Boston Med. Surg. Jour.*) report as having reduced the mortality from 44.6 per cent. to 24 per cent. They say that this treatment probably exerts its action chiefly by increasing the amount of hemoglobin in the blood. Sunlight is probably quite as important as fresh air. Curettage is contra-indicated in puerperal infection, because it increases the mortality nearly 10 per cent. A single intra-uterine douche of sterile salt solution should be the only local treatment, and some

writers deny the value of even this. Antistreptococcic serum and vaccines have not proven of much value. The outdoor treatment is the most effective known at present for puerperal infections.—*Canadian Practitioner and Review*.



Treatment of Pruritus Ani

Crappier recommends two simple remedies, both of which in his experience are remarkably efficient. The first is ordinary tr. iodine; the second and even better remedy is the compound tincture of benzoin. Within a minute or two after applying this remedy the desire to scratch is over. It may be used two or three times daily and it never irritates.—*British Medical Journal*.



Treatment of Ivy Poisoning

The leaves and flowers of the poison-ivy plant yield a poisonous tar, which is soluble in both alcohol and ether. The treatment by alcoholic solution of acetate of lead is unsatisfactory, as an unstable lead salt of the poison is deposited on the skin, where temperature and moisture may again set the poison free. The use of alcohol and ether as solvents may spread the condition, unless they are used in large quantities.

Potassium permanganate completely oxidizes the poison and effects a speedy cure. The affected part should be immersed in, or bathed with, a solution of permanganate as hot as can be easily borne. If the skin is broken a dilute solution (1 per cent.) should be used, otherwise the concentration may be varied according to the location and condition of the eruption. A little dilute alkali or acid is advantageously added to the solution. The oxidizing power is greater in the acid solution.

In rare instances, when the poison is deep in the skin, it should be exposed to the solution for some time. The dark stain of the

permanganate will wear off, or can be removed by vigorous scrubbing with soap, or by the cautious application of oxalic acid (or of sodium hyposulphite or, better still, a mixture of oxalic and hyposulphite).—*Journal A. M. A.*



Weak Feet in Childhood

Dr. Brainerd H. Whitlock, in the *New York State Journal of Medicine*, after showing how common a disability flat-foot is, as proven by records of the armies and navies of various countries, pleads for a more general recognition of this condition in childhood, at which time much of its dangerous character may be averted. Weak foot is the most disabling and widespread of all postural deformities affecting all classes of society and occupation. A decidedly large number of cases exist from early childhood. As a result of various causes faulty attitudes are assumed for the feet which though not necessarily causing disability in childhood, are nevertheless powerful factors for harm in adult life.



For Insomnia

On going to bed assume a comfortable attitude in which every muscle is relaxed, but not the attitude in which you are accustomed to go to sleep, though something resembling it. Every movement, coughing, yawning, etc., is strictly repressed, especially the desire to turn over. As a rule, by the end of fifteen or twenty minutes of this persistent maintenance of the same attitude, you will find yourself growing very drowsy, and then, just as the desire to turn over becomes absolutely uncontrollable, you turn with the least possible effort and assume the position in which you habitually go to sleep, and natural sleep follows at once.—*Medical Summary*.

Editorially Speaking

The Prince of Peace

Since the message of the Prince of Peace was first given to mankind, probably no anniversary of His coming has ever been so overshadowed with the awful blight of a world war, involving every continent on the face of the globe.

Yet never has the need of the practical application of the message, "Peace on earth, good-will to men," been so powerfully impressed on human hearts and consciences. However heavy the clouds may be which hang over the world, the Bethlehem story never grows old. Nineteen centuries have rather heightened its charm, widened its influence and stamped it more indelibly upon the heart of humanity.

No nation in the world has such great cause for thanksgiving at this season as our own, and in no country will there be possible such a happy celebration of the Yule-tide season.

To some nurses in hospitals this will be the first Christmas away from home, and the wave of homesickness will be keenly felt by many a nurse as her thoughts wander to the home-folks and the happy family gatherings:

In many families the joy of Christmas will be clouded with the realization that for some loved one in the hospital this will be the last Christmas.

Visiting nurses and nurses everywhere will have wonderful opportunities of radiating the spirit of Christmas. They should experience much of the real joy of living—the joy of service. They can all join in the prayer for "Peace on earth."

To our readers in every State and country we send our best wishes for a blessed Christmas-tide.



Fanny Wilde McEvoy

Once again we make our appeal in behalf of the aged veteran of the nursing profession—Mrs. Fanny Wilde McEvoy—probably the oldest living trained nurse in the world, now in her eighty-fifth or eighty-sixth year. During three years and more she has been supported by contributions from nurses in response to these annual appeals and to letters to her friends in several different States. While at first the task of securing her support was undertaken with fear and trembling, the response of hundreds of nurses every year has made us confident that she will be cared for till the end, and this without undue anxiety on our part.

It is only necessary to remind our friends of her need and her dependence on our contributions for her support. To those of our readers who have but recently become sub-

scribers, let us state that she was one of the first to respond to Florence Nightingale's appeal for women to train as nurses—this at a time when nursing was regarded as one of the most menial of occupations. Of the first fifteen who entered St. Thomas's Hospital, England, for training that first year, away back in 1860, only seven remained to finish the full course, which at that time required only one year. She is probably the last of that original band, and her stay with us cannot be much longer.

It is surely a satisfaction to all the nurses who have contributed to know that through their efforts and contributions she and her aged husband (who died last April) were kept from going to the public almshouse, and that for over three years their simple needs have been supplied. When the old man had suddenly become almost blind and unable to earn anything, and what little they had saved was gone; when the occasional donations from an Episcopal parish made up of poor people could not be depended on longer, the Fanny Wilde McEvoy Fund was started. Nurses from almost a dozen countries have contributed to this fund.

Mrs. McEvoy is now being cared for in a boarding home for aged women in Detroit, where she has a comfortable room, furnished with the old-fashioned things which had been in the little cottage in which they had lived for several years.

Her health is uncertain, though she manages to be out of bed most of the time. After the strain of her husband's illness and death was past and the warm summer weather came she improved very noticeably in health.

September 1 of this year was a red-letter day in her history, when she was a guest of honor at a reception tendered the Spanish-American War Nurses, who were meeting in the city of Detroit.

We expect to make but one annual appeal in her behalf, just to remind nurses that she

is dependent on us. We ask but one dollar from any nurse. Many give more and each year a number of nurses send contributions from patients to whom they have told her simple story. We know that those who have contributed will do so again, and that others will want to have a share in providing for her needs. Just one dollar bill, sister nurses, and your best wishes for her happiness and comfort in 1915. Send to Charlotte A. Aikens, 722 Sheridan Avenue, Detroit.

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Heroes of Peace

In commenting on the work of the contagious disease hospitals of New York City recently, Commissioner Goldwater called attention to the fact that 3,879 hospital employees in New York City had been exposed to contagious diseases in the last seven years, 203 being infected and 4 dying. He said:

"This unavoidable risk is one which workers among the sick voluntarily assume, thus evidencing the survival in our peaceful modern civilization of those heroic moral qualities which, according to our militarists, can be successfully fostered only in a fighting nation."

The nurse who goes through her training without ever having encountered a case of scarlet fever or diphtheria, may congratulate herself, but really she is to be pitied. The nurse who refuses to nurse a contagious case after graduation is in the same class with the soldier who volunteers for military service but stipulates that he will not go where there is any shooting going on.

The superintendent who refuses to let her nurses gain some experience with contagious diseases before graduation, on the plea that "she cannot be responsible for sending her nurses to such cases because she might have to care for them if they contracted the disease"—this superintendent can never be considered as a good example for nurses. Having to send nurses long distances from the home hospital to secure such experience

is a disadvantage, but such experience can be provided for without it, where there is no contagious disease hospital adjacent. In spite of all efforts to prevent disease, there still occurs in most communities enough of this class of cases to provide experience in caring for such patients in homes. No amount of theory added to a course in nursing will make up for the loss of this valuable part of a nurse's training. The nurse needs this experience and every community needs nurses who have overcome their fear of such diseases by actual experience with such patients.



The Term "Attendant"

So far as we have been able to discover, the term "attendant" had its origin in American asylums for the insane, where it was applied to the lowest grade of caretaker. It has always had a stigma attached to it, and the individual prejudice against having that term applied to oneself is deep-rooted. The story of a former Worcester State Hospital nurse, which was given to the public in connection with the investigation into the affairs of that institution, shows plainly why this prejudice exists, and no amount of legislation will do away with this prejudice in the minds of the public or those who are doing nursing in homes of moderate means.

"I was taken," says this former attendant, "into the hospital employ without references, and wholly without any previous training for the care of those mentally sick. I found that the average attendant goes into the institution with the feeling that he is going into a position that he wants his friends to know as little as possible about. He feels it is distinctly without honor. This accounts for the fact that many enter the service under assumed names. In general, the association with the attendants as a class is degrading.

"The class of attendants that came under my observation were unintelligent, irresponsible, 'professional' in their attitude toward hospitals. I can recall some who have worked in twenty asylums. These 'professionals' have acquired

every known method of intimidating, subduing and 'trimming' the patients."

The campaign for a monopoly of the term "nurse" is being waged by a comparatively few nurses with a thirst for power. The average graduate nurse whom we have met has absolutely no sympathy with the movement, and feels that it can never succeed. If nurses in general should ever desire to secure a monopoly of the term nurse for registered nurses only, they will have to invent a term for the household nurse which is free from the stigma which now attaches to the term "attendant."

There are hundreds of women engaged in household nursing who are as refined and well-educated as the nurses in or outside of hospitals. They are satisfying doctors and patients, and doing household duties which the graduate nurse will not undertake. Perhaps we have been wrong in expecting the graduate nurse to give her time and skill to household duties when some other family needed that skill and could not get it. One thing that is likely to result from the present unsettled and unsatisfactory condition is that the graduate nurse's position will be more clearly defined, and her relations to the general problem better understood.



It Speaks for Itself

It was evident, beyond a shadow of a doubt, to every fair-minded person who attended the convention of the New York State Nurses at Syracuse, that there was no enthusiasm among the members generally for further legislation to secure a monopoly of the term "nurse." The nurses interviewed frankly admitted that they believed that the measure was unpopular with the public, that the doctors were for most part against it, and they deplored the amount of money which had been spent in the futile efforts. In spite of all this, Miss Annie Goodrich succeeded in having passed an almost unanimous resolution that the nurses

should again go to the legislature with a bill. Yet some will tell us that we have no nursing politics and no nurse bosses.

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Homes for Tired Nurses

In Birmingham, England, a fund has been started "to provide cottage homes for nurses who by reason of failing health or advancing years are incapacitated from following their occupation and need some refuge in which to spend their declining days." At first it is proposed to localize the effort by limiting the project to the provision of a few cottages in the neighborhood of Birmingham, and later to extend it throughout the country when funds are available.

However desirable and popular such a project might be in England, homes for aged nurses will never be popular in America for various reasons.

Rest homes where a tired nurse who has no home could go to spend weeks or months, if need be, in getting rested and in condition to go on with her work without exhausting her funds—are needed in every State—perhaps more than one in a State—and preferably located not too far from a large city.

Yet out in the country region, near lake or mountain, summer homes for other classes of working women are popular and, once established, usually pay their way.

Even without buying a cottage, an organization can often make arrangements for advantageous renting of a furnished cottage in some desirable resort and re-renting rooms at low rates to nurses. This is perhaps the wisest way to begin such a venture.

Several such rest cottages are already in active operation, and proving a real blessing to scores of nurses every year. The number of such cottages could be increased by a little effort on the part of some nurse with initiative and organizing ability.

The Pupil Nurses' Religion

In some training schools there is a wise rule that pupil nurses must attend public service at some church each Sunday, unless prevented by duty or illness. This rule may be a written or unwritten one, but it is one which no training school can afford to ignore if it wishes to inculcate high ideals of life and service in its nurses. It is a rule which a nurse may well adopt for her own personal guidance when she enters for training.

There is so much in hospital life to lead to the neglect of religious duties that without habits of church-going, well-fixed and stern resolutions, to drift away from all connection with any church is terribly easy.

No woman worker needs more than do nurses the influence that comes from meeting in public worship. The change or relief from the hospital atmosphere—from the ordinary every-day lines of thought—has its value in increasing the spiritual, mental and moral strength which every nurse needs.

If we expect gentleness, goodness, patience, truth and honesty to find expression in the lives of pupil nurses, we must use measures to produce those virtues.

In the confusion of thought inevitable in the new life which the pupil nurse has entered upon, it is easy—so easy—for her to lose the "faith of her fathers"—that she cannot afford to lose. Face to face with new difficulties, perplexities and temptations, she needs, if any one does, to be anchored to "The Eternal Goodness." Happy for her if she can make an expression of her own faith and experience those immortal lines from Whittier!

Yet in the maddening maze of things,
Though tossed by storm and flood,
To one fixed trust my spirit clings—
I know that God is good!

The Hospital Review

CONDUCTED BY CHARLOTTE A. AIKENS

Items of Interest, annual reports, publicity literature, and material descriptive of newer methods and plans in any department of hospital work, should be sent to the editor of this department, at 722 Sheridan Ave., Detroit

A VISIT TO THE MAYO CLINIC

MARGARET ROGERS, R.N.

Superintendent Jewish Hospital, St. Louis

One of the most interesting features of the meeting of the American Hospital Association in August was the visit to Rochester. So much has been written about the volume of work done by the Mayo Clinic, that it is of no value to enlarge upon it. And yet there were some facts made manifest to the visitors that will bear mention in your columns.

The automobile ride which gave us a good view of the town and adjacent country was under the direction of Miss Henderson, chief anesthetist to St. Mary's Hospital, who served tea at her home to the visitors, and who was largely responsible for giving us a proper conception of the institution.

The dominant note of the Mayo Clinic is system. With a system that is carried out to the minutest point, without ponderous or unnecessary involvement of details, the whole machinery moves on to the highest efficiency. Everything is so nicely adjusted that new departments may be added without marring the serenity of the system. Radiography having been found necessary for diagnosis, they forthwith established a complete plant supervised by the most skillful radiographers procurable, fitting into their system as if it had been there from the beginning of time. To make provision for test meals, they added a modern diet kitchen under the direction of a corps of dietitians, vying with that of many of the largest hospitals.

Examinations of sputum, urine, blood and stomach contents, feces, etc., are conducted on a scale that reminds one of this department in one of our best medical institutions. The same may be said of their modern photographic department.

The offices on the first floor are arranged on the basis of the most effective system. The central portion of the building on the first floor is a huge waiting room, which is furnished in pleasing and simple elegance. Around this are the offices of

the physicians. There are almost innumerable examining rooms and private consultation rooms, which are used by the physicians who are located by a system of colored lights. In this way, notwithstanding the multiplicity of work, they can be found and called at any time.

The records are kept on this floor, and this, the central control of their whole scheme, is administered with wonderful precision.

The effect of all this is to make it possible to look after thousands of different patients a year without the slightest possibility of error, in spite of the complex factors involved in so many patients.

Naturally, where a system is so well established, the highest regard is paid to economy, to the end that wasteful extravagance is eliminated. This, however, does not exclude from use anything which can be of the slightest service in the curing of disease.

Another feature that is extraordinary in this wonderful organization is the celerity and efficiency which characterize the operative work. Not that the operators hurry through their work, but the machine runs so smoothly that no time is lost in unnecessary details. In this way the thirty operations or more per day, the majority being capital, are all performed between 8 A.M. and 1 P.M. each day.

The provisions for research work on the part of the staff is equally efficient. With a library complete in every particular, beautiful, quiet reading rooms, laboratories with every modern facility and with enthusiasm and spirit of the highest order, the investigative opportunities which this great clinic affords are utilized to the highest degree.

Taken as a whole, the Mayo Clinic is inspiring to any one who appreciates the value of organization in the accomplishment of modern ideals.



GRADUATING CLASS, MONMOUTH (ILL.) HOSPITAL

Advertising the Training School

There was a time when churches did not advertise, and many there are who thirty years ago would have raised their hands in holy horror at the mere mention of paying for systematic and regular advertisements of church services. Now one sees columns of paid advertising of church services in the daily papers of large cities every week.

Educational institutions of all sorts, from kindergartens and schools for backward children, to military academies, religious seminaries and "finishing schools" for society girls, all carry paid advertisements, citing the advantages offered by their particular institution.

Medical schools, and especially post-graduate schools, spend considerable sums of money in carefully planned advertising every year.

Advertising has become a science as well as an art—to be studied and used in legitimate ways to bring the one who needs a certain thing into communication with the one who can supply that need. It has been well termed "the art of making people want things." It is one of the arts to which the progressive superintendent of a hospital or training school for nurses may wisely give some careful consideration.

In this age of the world, when more nurses to the number of patients are demanded than ever before, when training schools are multiplying rapidly, when alluring advertisements of occupations for women meet one constantly, the problem of how to maintain a sufficient corps of nurses of the right kind forces itself constantly on the attention of hospital and training school superintendents. Reluctantly, many times, the thought of advertising the training school is agreed to as something of stern necessity, and the question of where to place the advertisement has to be decided.

It is rarely worth while for the average school to use the advertising columns of general magazines having a national or country-wide circulation; this, because of the cost, and for other reasons.

The average girl whom we wish to apply for admission to our training schools is a home girl without definite occupation outside of her home duties. A glimpse into the best homes of the country will show that most of those homes subscribe to a church paper of some denomination. Excellent results have been obtained by advertising in church papers circulating in the State in which the hospital is located or in adjoining States. There are usually four or five such papers circulating in every State. Next in order to these would come weekly newspapers, circulating

in a county or State. Most States have one or more high-class agricultural journals which are read in the progressive farm homes. Some one has said that the city if left to itself would speedily degenerate physically and morally; that it needs to be continually revitalized by young men and women born and reared in the country. Certain it is that many of the brightest and most efficient nurses that have been produced in America in the last thirty years have come from farm homes and from small towns and villages. It is worth a good deal to get your school before the girls in the high-grade farm homes of your States. The ignorant farmer, as a rule, does not subscribe to an agricultural journal, but the most progressive and well-educated farmer subscribes to one or more farm papers and his daughters read them.

There are a number of religious papers circulating especially among young people, which are worthy of consideration in studying where to advertise the training school. The young women we want to read our advertisements are, many of them, members of societies in the church of their choice. All of these organizations have their own weekly periodicals, which are read by hundreds of thousands of young women every week.

It is worth while, also, to make an effort to interest the girls in the high schools of your immediate vicinity. One of the best ways to do this is at graduation time. Make the very most of your graduating exercises. Have a high-class musical program. Secure an orchestra if you can. Pay for one or two readings by a good elocutionist. Dispense with some of your dry-as-dust speeches, which cost you nothing, and are worth nothing to your school, and study how to make your graduation exercises one of "the events of the season" in your locality. Be generous with your invitations. See that every school teacher (and especially high-school teachers) in your locality receives one of your invitations. If possible, secure the names of high-school girls about to graduate, and send them each an invitation. In these days in large cities it is not easy to get public attention called to your graduation affairs, but by a little effort you can reach the people you want at your graduation, and you do want possible candidates for your training school there—whether you have ever realized it or not. If you can secure an invitation to talk to the high school girls of your community, be sure to "embrace the opportunity."

Ministers of different denominations will be glad to give you the address of the church paper of their denomination which goes into the homes

of the State and adjoining States, and by keeping at it, using, say, one advertisement each month in some of the publications mentioned, you are fairly certain to get results—providing, always, that you really have a *good* school to advertise and that your reputation for fair treatment of nurses is what it ought to be. If you are not getting the number of applicants you desire, don't, Micawber-like, sit around "waiting for something to turn up." Set forces in motion that will turn something up. Don't waste time waiting that nurse candidates are not what they used to be, and sighing for the good old times when you often had a list of applicants who would wait a year to get into your school. The world has moved since that time, and there was never more wholesome, capable, winning young women in it than there are today. Go with your advertisement to where such young women are found, and remember the old adage, "God helps those who help themselves."



Hospitals and Justice

What doth the world require of hospitals and hospital authorities? Practically that which it requires of men—"to do justly and to love mercy." In relation to its nurses and employees, the world has a right to demand a carefully planned system of hours of duty and "off duty," which will be strictly adhered to. It has a right to demand that off-duty periods that are missed through unavoidable pressure in caring for the sick shall be made up to each individual. If the number of workers is not sufficient to make this provision possible, the matter should be persistently brought before the board of managers, for this form of justice is one of the foundation stones of institutional welfare.

Proper housing conditions for all workers, attractively served meals, with varied and sufficient food and *time to eat without undue haste* are surely essentials in justice.

The discipline which is required in institutional life should be offset by a wise liberty without fussy interference in off-duty hours. One may rule with diligence without carrying the enforcement of uniformity of deportment or tastes too far. What has been aptly termed "a genial liberty in trifles" is far more to be desired and far more dearly prized than independence in the larger affairs of institutional life.

The superintendent who can assure her workers that these four essentials will be accorded to all—regular hours of work and rest, proper living con-

ditions, good food and a fair amount of personal liberty, is the one who is fairly certain to have a happy and contented hospital family.



Providence City Hospital

In the fourth annual report to the board of hospital commissioners of the City Hospital, Providence, the superintendent calls attention to the fact that while the mortality from whooping-cough showed an increase over the preceding year, the death rate from diphtheria, scarlet fever, measles and tuberculosis decreased. "The one feature," states the report, "in the management of this hospital which distinguishes it from similar institutions in other cities is that owing to methods of nursing it is possible with a high degree of safety to receive a great variety of diseases. Doubtful and suspicious cases, also, are received without waiting for diagnosis, the diagnosis being made after they reach the hospital and have been under sufficient observation. Most hospitals find it necessary to refuse all but two or three of the more common contagious diseases and to decline to take mixed infections or cases in which the diagnosis is doubtful. It can be readily seen that the prompt removal of mixed infections and suspicious cases from crowded tenements, hotels, boarding houses and public institutions, is a matter of great importance, and the readiness of the City Hospital to respond immediately to all calls is greatly appreciated by the physicians of the city and by the public generally. The wisdom of this course is emphasized by the fact that it is now being followed in many of the newer hospitals of the country. To illustrate the variety of infections received it may be mentioned that there were treated in 1913, 321 cases of diphtheria, 232 of scarlet fever, 154 of tuberculosis, 89 of measles, 19 of whooping-cough, 13 of chicken-pox, 8 of syphilis, 8 of German measles, 5 of mumps, 4 of Vincent's angina, and 2 of gonorrhea. There were also received 36 cases of multiple infections, 55 cases of tonsillitis, and 54 cases which proved not to have any infectious disease.

"The barrier system is employed in wards whose rooms contain more than a single bed; namely, in wards A, B, C, D, F and G. It makes it possible to separate patients in the same room suffering from real or suspected diseases which might be transmitted to others. The term "barriered" is occasionally misused in the diphtheria and scarlet fever wards where there are two or three single rooms which are practically isolation rooms, but since these are comparatively few in

number, we have considered them barriered cases.

"I cannot too heartily recommend the barrier system. It frequently prevents the transmission of disease and, if properly employed, will prevent widespread outbreaks. Nurses are taught to observe suspicious symptoms and empowered to barrier a case until the physician has seen it."



New York Orthopedic Hospital

Active preparations are going forward for the erection of a new \$600,000 building for the New York Orthopedic Dispensary and Hospital, to be erected on the north side of East 58th Street, west of Avenue A. The structure will be six stories, with four-story wings in the shape of a cross. Its style of architecture will be Italian renaissance. It will have a frontage of 126.7 feet in Fifty-eighth Street, running back to Fifty-ninth Street, where it will have a frontage of 88 feet. The facade will be of brick, terra-cotta and limestone. A feature of the building will be an immense circular structure on the roof, surrounded by loggias and topped with a cupola, which the patients will use as a roof pavilion.



Elizabeth Steel Magee Hospital, Pittsburgh

An example of the best type of the modern hospital, with many new features and possibilities for a wide influence, is the Elizabeth Steel Magee Hospital for Women, now being erected in Oakland. The hospital, which will be ready for occupancy next spring, was founded and endowed by the late Christopher Magee, and is erected in memory of his mother. It is affiliated with the University of Pittsburgh, making it a teaching institution as well as a hospital. The new hospital will have accommodations for 140 adult patients and 80 babies; there will be 21 private rooms and the wards will accommodate 119 other patients. The cost of the hospital, equipped, will not exceed \$650,000, and provision has been made for additions at a total of \$750,000 for accommodations for 300 patients.

The hospital group, including the Magee residence, which was equipped as a temporary hospital and opened three years ago, will consist of three buildings connected by a central elevator and staircase tower, which form a court facing Halket Street. Every room is actually an outside room, the wards and private rooms facing the east, west or south. The administration building and the isolation building are each four stories high, with a roof garden on the southern

wing. An underground tunnel leads from the hospital building to the power building, which is near Craft Avenue. The Magee residence will be used for a nurses' home. All the framing is of structural steel, supporting tile and reinforced concrete fireproof floors. The brick foundation and exterior walls are supported on a concrete foundation. White Vermont marble is used for the partitions of the bath alcoves, and the entire interior will be finished in plain white oak.

The present temporary hospital cares for about 350 cases each year, and associated with it is the Pittsburgh Maternity Dispensary, founded two years ago and caring for 600 cases.



Preliminary Training at the Methodist Hospital, Brooklyn

Applicants are admitted to the training school at intervals throughout the month and grouped in classes of ten. They are then given a preliminary course of three months.

These probationers meet in the class room daily for demonstrations in the morning and theoretical work in the afternoon. At the close of their first month they are taken by their instructor to the wards daily and allowed to put in practice what they have been taught in the class room.

Finally the whole class is put into our two large wards to do the nursing of those wards, under the supervision of a graduate nurse and with two older nurses, who give the medicines, see that dressings are ready, and take care of the extremely ill patients.



At the Worcester (Mass.) State Hospital an out-patient department has been established at which persons who are suffering from nervousness, depression and other conditions, which are leading them to think that a mental disease may eventually develop, may present themselves for examination and treatment.

The hours of the out-patient department will be from seven to nine o'clock each Tuesday night, and service will be entirely free. It is also planned later to establish out-patient departments in other cities and towns, for which the Worcester State Hospital is responsible.



The beautiful new \$500,000 Samaritan Hospital in Troy, N. Y., has been opened for patients. The new group of buildings are erected in an 8-acre plot of ground, away from the noise and dust of the business section.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

From Our Youngest Contributor

To the Editor of The Trained Nurse:

I am sending you a composition written by my little son, aged eleven years. They do not study hygiene in the schools here, only as the teachers give little talks, and so the most he knows he has learned at home from the reading matter we provide. He asked me to send you this and tell you he always reads my *TRAINED NURSE*.

EDITH ROSS CHANEY.

Clean Food and Health

There are many ways in which poison causing disease may be taken into the human system but the most common of these is through the foods we eat. Typhoid fever and tuberculosis are carried in milk. Cancer and many skin diseases, through unclean meat. Many other poisons are found in canned fruits, meats, and vegetables. Many of these poisons were in the form of chemicals used as adulterants or preservatives or in the form of coloring matter used in the manufacture of these canned goods. Since the pure food law passed by Congress, June 30, 1906, the laws have compelled manufacturers to label their goods with the contents, so that we may know when we buy these foods whether or not they contain dangerous poisons such as coal-tar dyes, formaldehyde, benzoate of soda.

The air we breathe contains much dust. This dust is heavy with germs so we may readily see how necessary it is that all food whether to be eaten raw or cooked should be carefully washed. Flies are one of the greatest germ carriers we have and it is very important that all food should be screened away from them. All cooking utensils, dishes and everything used in the preparation of food should be carefully washed, scalded, and dried and put away from flies, dish cloths should be treated the same way. All dish mops are very unsanitary because small particles of food are sure to lodge about the handle and cause fermentation.

It has been said a truly healthy life is wealth.

Health results when the body is working under favorable and natural conditions; the same laws of being produce disease when the body is compelled to do its work under unfavorable and unnatural conditions or unsanitary or unhygienic surroundings.

Pure water, pure food, bathing, plenty of exercise in the open air deep breathing plenty of sunlight, sleeping out-of-doors, all these are conducive to gaining and keeping good health.

Health and disease are not matters of chance; they are regulated by laws of sowing and reaping. Health, when once lost, is only regained by faithful cultivation. Sickness is a result, directly or indirectly, of a violation of nature's laws.

EDWIN ROSS.



The Shortage of Nurses

To the Editor of The Trained Nurse:

An editorial which appeared in the September number of *THE TRAINED NURSE*, entitled, "The Shortage of Nurses," reads: "An item in an exchange, commenting on the situation in Cleveland, gives as a reason that pupil nurses are going into other States for their training, because the Ohio legislature has persistently refused to pass a registration law, thus causing a shortage of nurses in Ohio." As to the situation in Cleveland: All hospitals or training schools should not be classed under the same head. In one of the large hospitals in Cleveland they have a long list of applicants on their "waiting list," and no vacancy in their school, nor can any student be admitted before April 1, 1915. The course comprises three years, and two years high school or its equivalent is required. Why hold the law responsible for shortage in one school? Why a shortage in some schools and a long "waiting list" in others?

S. M. M.

[If our correspondent will refer to the editorial mentioned, she will find the following: "Registration is one of the most convenient reasons to seize upon, and it seems to answer equally well

for both sides of the argument. If you haven't a registration law, then that must be the reason you have difficulty in getting nurses, and if you have a registration law, the law must perforce be responsible for the shortage."

✱

Reply from Mr. Barton

To the Editor of The Trained Nurse:

I read in my November number of THE TRAINED NURSE the exceptions taken to some of the statements made in my article, "Votes for Nurses." I have received from so many superintendents the assurance that I "said nothing which was not true," that I must ask for space in your valuable paper in which to thank Miss Patterson for having given me her name to add to my (short) list of those who find the obnoxious practices referred to non-existent, and to congratulate her upon a position so much more pleasant than those of her sister superintendents.

GEORGE EDWARD BARTON.

✱

A Sermonette

To the Editor of The Trained Nurse:

I am not a preacher except on occasions when I feel that I have something to say. My text has three heads: Be Neat. Be Tidy. Don't Talk All the Time. It should not be necessary after a nurse has taken a hospital course to say, Be Neat, but I fear many forget this most important quality. Would you think it neat for a nurse on a case requiring disinfection of the hands to take a bed-pan from a patient, and after washing her hands to put them in her basin of corrosive and later to put her thermometer in the same basin, and all this in sight of the patient. Even though the disinfectant has power to kill germs, the idea to a neat, refined person is disgusting. It should not be necessary also to say to a well-trained nurse, do not leave soiled glasses in your patient's room until she asks some member of the family to remove them. Secondly—if your patient is tidy or if she is not, tidy up her room, and do not have a tray in sight, with all kinds of glasses and bottles on it, looking like a poorly kept soda fountain. If you must have them in the room, do not have them where the patient can see them all the time. Do not load every chair with pillows and blankets. I know there are times in which you have very little room in which to put necessary things, then of course you will do the best you can. If you have to go to the kitchen for some of your dishes, don't spread yourself all over. Clean up after yourself and get out.

Thirdly, your patient needs some time to rest and be quiet. You may like to talk, you may be a most interesting talker, but I beg of you keep quiet some of the time, and let your patient rest. Thus ends my sermonette.

H. H.

✱

Institutional Work

To the Editor of The Trained Nurse:

In the July number you ask to hear from nurses in regard to institutional work, so I am glad to give you my experience. It is eleven years since I began nursing, and I have had experience in both institutional work and private nursing. I prefer the institutional work, though the responsibility is far greater, particularly in a small hospital. It is a serious mistake for the head nurse in a hospital to be obliged to superintend the housekeeping of the institution, also, as I was once required to do. Every head nurse should be mindful of her responsibility as a teacher of pupil nurses and, first of all, should impress upon them the value of their own influence, and also their duty to humanity. We should love our work for the work's sake, and let the matter of remuneration take second place. I want to tell you how much I enjoy reading THE TRAINED NURSE AND HOSPITAL REVIEW. I have read it since I first entered training.

JESSIE MOBREY.

✱

From a Massachusetts Nurse

To the Editor of The Trained Nurse:

I want to ask if it is a law in Massachusetts to put silver nitrate or argyrol into a new-born baby's eyes? If this procedure is omitted by the doctor, is it any concern of the nurse? Would like also to suggest to obstetrical nurses the use of ordinary stout brown paper bags as receptacles for soiled dressings and bits of cotton during confinement. These bags are so much more satisfactory than newspapers, from which these unsightly objects are so prone to escape.

S. W. A.

✱

Answer from "Baton Rouge"

To the Editor of The Trained Nurse:

I have been asked to tell how I use chloroform for cramps from menstruation and keep on with my work. When you commence to cramp, if you have your clothes loosened, or if not, you can saturate your clothing with the chloroform between the umbilicus and the pubes. It will burn

intensely, but it will not last long. When the chloroform burns don't get scared, as it is all on the outside; you can lift the clothing until the chloroform evaporates and it will not blister. I do not approve of using laudanum, as it is an opiate, and the habit can be acquired. When nursing a maternity case and the breast is sore but *not caked*, put an Antiphlogistine poultice on and you will get best results and the mother will appreciate it.

BATON ROUGE.



Male Catheterization

To the Editor of The Trained Nurse:

I have been very much interested in the letters on male catheterization and have noticed that most all of them have been in favor of it. The patients mentioned have been either old men or unconscious. I'd like to present an opposite view of the subject. Suppose the patient is not unconscious and is a sporty young man that has no respect for himself or any one else. Would you catheterize a man like that? I most certainly would not. Yet if you catheterize other men you will be expected to this young man. Ask the attending M.D. if he would want his daughter to catheterize a male patient. Of course he wouldn't. I never yet saw one who would. In six years of private nursing I have never found it necessary to catheterize a man and have always found that I gained as much respect from both the patient and the physician as if I had.

I have used acetanilid Comp. gr. v. for menstrual pains and found it very satisfactory.

AN IOWA R.N.



Course in Hospital Administration

To the Editor of The Trained Nurse:

I have been a subscriber to THE TRAINED NURSE for a number of years and would like to inquire of those who have taken a course in hospital administration as to whether or not they have found it advantageous. I have been doing executive work for eight years, but was considering the course as a means of better preparation for institutional work. I would be grateful to hear from some one of experience. A. O. H.

[Will some nurse who has taken such a course kindly reply?—ED.]



Drying Up Mother's Milk

To the Editor of The Trained Nurse:

In reply to Carrie P., in October number of THE TRAINED NURSE, I wish to state that at the maternity hospital where I received that portion

of my training, the ice cap was the only treatment used in drying up the milk, with always good results. The binder was also used to hold cap in place.

A. O'D.



Information Wanted

To the Editor of The Trained Nurse:

Will some of your readers kindly give me the following information: 1. What quick method is there for removing blood-stains from rubber gloves? 2. If a high-pressure sterilizer melts rubber gloves, what would you suggest? 3. Please give a short method of sterilizing catgut. How long can it be kept without becoming brittle?

A SUBSCRIBER.



The Non-Meat Diet

To the Editor of The Trained Nurse:

Can you give me or tell me where I can procure information regarding non-meat diet for treatment of fibroid tumor cases?

R. R.

[Nurses who are familiar with the diet referred to are invited to reply to this inquiry.—ED.]



Cæsarian Section

To the Editor of The Trained Nurse:

Will those nurses who have had experience with Cæsarian section tell us something about it. I am interested to know whether the baby is affected by the anesthetic and under its influence at birth.

E. M. T.



The Term "Professional"

To the Editor of The Trained Nurse:

Will you please define the word "professional." Some time ago I heard the title professional applied to a practical nurse, while a graduate nurse was termed trained nurse. Will you tell me if this is correct?

M. F. B.

[Years ago the word "professional" was used in connection with the nurse who earned her living by nursing, as distinguished from the woman who simply nursed occasionally to "oblige a neighbor." This was especially true of the maternity nurse, and the term is still used in the rural districts of some parts of the country. As "profession" is defined as "an occupation that properly involves a liberal education or its equivalent," it would seem to belong to the graduate rather than the untrained nurse.—ED.]

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

War Echoes

The Vacation War Relief Committee of the Woman's Department of the National Civic Federation has sent out the following appeal:

"In Civil War days an appeal was sent to every State in the Union by the Sanitary War Relief Committee for old linen sheets, pillow cases, blankets, towels, tablecloths, napkins and flannels to be cut up into surgical dressings and binders for the wounded soldiers. At that time gauze dressings were not in use, so the women of fifty years ago made the dressings for the wounded men at the front from such articles. We all know how general the response was to this appeal; old chests were ransacked, drawers, trunks and closets were searched, and treasures long hidden were willingly sacrificed to supply the demand.

"Today the orders from Europe for gauze and cotton are so gigantic that our factories are unable to meet them, so again the women of America are rendering similar service to the wounded in Europe. They are appealing to the public for the material required to manufacture dressings for use in the hospitals.

"It is hoped that scraps of linen packed away in old attics, or materials now being used as dusters, furniture covers, etc., will be forwarded to the committee. A piece of goods twelve inches square, in an otherwise ragged article, will make a dressing for some poor wounded lad.

"This work has been undertaken by the Vacation War Relief Committee, which has already opened up a free employment bureau and a work room where garments are being made for the European hospitals and war refugees. All goods should be addressed to the Surgical Dressings Committee, at 52 West Thirty-ninth Street. Materials should be clean and carefully folded to prevent creasing.

"All dressings will be sterilized before being shipped to Europe. Packing and transportation have been promised free of expense."

SURGICAL DRESSINGS COMMITTEE,
52 West 39th Street,
New York.

Miss Margaret Hare, Waltham Training School, '98, has gone to the front with the Canadian contingent. She was one of the first to volunteer for service when it was announced that Canada would send nurses, and she was enthusiastic over going. It is interesting to recall that her great-grandfather fought in the Napoleonic Wars and that her grandfather also saw active service.

Two other Waltham graduates are going to Pau, France. Miss Agnes Turner is to take charge of a hospital there, and Miss Minnie Severance goes as her assistant. The hospital is a small one of ten beds, financed by two New England ladies who have lived in Pau for years. It is about a block from the Red Cross Hospital, and will be used for wounded soldiers. The Waltham Training School is sending dressings.

Dr. Regina Flood Keyes, a well-known surgeon of Buffalo, and one of the professors of surgery in the University of Buffalo medical school, of which she is a graduate, Class of 1896, sailed October 31 to join the American Ambulance Hospital in Paris. Dr. Keyes, the first American woman physician to volunteer her services for work among the wounded of the battles abroad, is accompanied by Mrs. Clara Sanderson Laub, a graduate nurse. They are paying their own expenses and have undertaken this work in response to the invitation of Mr. F. E. Drake, president of the American Chamber of Commerce in Paris.

Carrying four thousand tons of foodstuffs for Belgian's starving thousands, the steamship "Massapequa," chartered and provisioned by the Rockefeller Foundation, sailed November 3 for Rotterdam, Holland. The "Massapequa's" cargo includes flour, rice, bacon and beans. It cost \$275,000 to charter and equip her. Capt. E. N. MacCarthy is in command of the ship.

Dr. George G. Rambaud, director of the Pasteur Institute, New York, will go into the field under the direction of the French government. He will take with him large quantities of the anti-

tetanus serum, because reports he has received from the war zone indicate that there is a great dearth of this serum and the dangers of wounded men contracting tetanus are very great and increasing every day, because of the necessarily large number of wounded men who cannot be treated at once on the battlefields.

Mrs. Harry Payne Whitney, accompanied by a number of surgeons and fifteen nurses, has gone to France for the purpose of establishing at her own expense an auxiliary hospital in cooperation with the American Ambulance Hospital in Paris.

The nurses of the New York Hospital Nurses' Club have planned to send boxes of clothing to the Belgian children. They have already made flannel dresses and bloomers, besides other garments, including night-gowns and boys' suits. Many of the nurses have given one dollar each, to buy material to work upon. Miss Duncan, chairman of the purchasing committee, has obtained the material at wholesale prices. The nurses are asking for assistance in the sewing room, which is on the fifth floor, west, room 8, at the Club House. They have four sewing machines and so can use many volunteer sewers. They are also asking for contributions of money, outgrown warm clothing, sweaters, shoes and coats. All contributions are to be sent Miss Irene Sutcliffe, 8 West 92d Street, chairman of the relief committee.

Miss Deveraux, Class of 1908, New York Hospital, is in charge of the nursing department of the Emergency Hospital, Paris. Miss Rude, Class of 1913, is assistant, and Miss Doane, Class of 1913, head operating room nurse.



Massachusetts

An innovation has been made this year by the State Board of Nurse Examiners in Massachusetts. Instead of an entirely written examination they have this year given one day to theory and another to a practical demonstration which was held at the Massachusetts General Hospital. This seems to me a much fairer test of a nurse's ability.



Vermont

The Vermont State Nurses' Association held a special meeting at the Nurses' Home, 16 Colchester Street, Tuesday, November 17, 1914, at

2 P.M. Owing to the absence of the president, Miss Mary Schumacher, R.N., of Brattleboro, Vt., also Mrs. F. A. Patch, R.N., of Rutland, Vt., vice-president, Miss Connors, R.N., presided. After a business meeting the chairman introduced Miss Ella Phelps Crandall, R.N., secretary of the National Organization of Public Health Nursing, who spoke on the history and development of public health nursing as an important factor in general public health campaign.



Connecticut

The regular monthly meeting of the Alumnae Association of the Connecticut Training School for Nurses, New Haven, was held on November 5, with all officers present and a large attendance. After routine business reference was made to important business transacted by the very large and entertaining quarterly meeting of State Nurses' Association, which met in New Haven the day previous. The Red Cross work was discussed in its different phases, especially in regard to the seals to be on sale later; also for help to be given the local branch in working for the foreign soldiers and families. A program committee for monthly papers and discussions was approved, with Miss Torey as chairman. Adjourned.

The St. Francis Hospital Training School Alumnae Association, Hartford, held its semi-annual meeting at the hospital Saturday, October 24. Fifty members responded to the roll-call. There were representatives from Meriden, New Britain, New York, Norwich, Rockville, Unionville, Waterbury and Winsted. The officers elected for the coming year were: President, Elizabeth F. Riley; vice-president, Elizabeth A. Toomey; secretary, Exilda I. Marshall; treasurer, Rose T. Moore; executive committee, Susan A. Galton, Loretto B. Donahue, Mary A. Ahern and Agnes G. Bradley. Miss Alice A. Galligan, Class of 1912, New York, gave an enthusiastic account of her trip abroad, its beauties, its pleasures and then of the many sorrowful scenes after war had been declared. After the regular routine business was finished, a vote was passed to join with the other graduate nurses of Hartford to aid the unemployed of Hartford. It was also voted to send \$200 to our Alumnae members who are with the Red Cross nurses in Europe. Mother Josephine addressed the members, giving spiritual and professional advice. At the close of the meeting the nurses enjoyed a social hour. Refreshments were served.

New York

The annual convention of the New York State League for Nursing Education was held October 20, 1914, at Syracuse, with headquarters at the Onondaga Hotel. The convention opened at 10.30 A.M., after an executive session at 9 o'clock. The morning session was devoted to the reading of the minutes of the previous meeting at Niagara Falls, the reports of committees and the presentation of papers. A nominating committee was appointed, also a committee to draft changes to the constitution. Paper, "Scarcity of Candidates for Schools of Nursing," by Miss Isabel M. Stewart, was read instead by Miss Annie W. Goodrich. This was an exhaustive paper dealing with reports from 132 training schools which were investigated and which included practically all sizes and types of hospitals in the State. One-half of these schools reported a general shortage of desirable applicants to the nursing classes and two-thirds of the institutions reported that they had difficulty in securing the kind of applicants they desired. The reasons which some of them gave for this condition was that the standards of education are too high, the hours of work too long and the hours of recreation and pleasure too short. Paper, "What Inducements Should Schools of Nursing Offer to Procure the Most Desirable Candidates?" Ella Phillips Crandall. Paper, "Publicity Methods." The first paper of the afternoon session was by Miss Annie Goodrich, on "The Standard Curriculum." Miss Grace H. Cameron made a plea for a better system of keeping training school records. The question of affiliation was discussed by Miss Clara D. Noyes, general superintendent of Bellevue and Allied Hospitals, who presented the matter from the standpoint of the school receiving the pupil; Miss Ella Kurtz, who spoke from the standpoint of the school sending the pupil; Miss Cadmus and Miss Ida Marker, who discussed the advantages and disadvantages of both pupil and teacher under these conditions. Miss Isabel Decker read a brief paper on the teaching of the sciences in the preliminary course. Officers were elected for the coming year as follows: Miss Beatrice Bamber, of Bellevue Hospital, president; Miss A. M. Hilliard, vice-president; Miss L. Arnold, secretary; Miss Eunice Smith, treasurer.

The thirteenth annual convention of the New York State Nurses' Association was held October 21 and 22 at the Onondaga Hotel, Syracuse. The morning session was opened with an invocation by Rev. Dr. A. C. Fulton, pastor of the First Presbyterian Church, followed by Mayor Louis

Will, who welcomed the delegates and guests on behalf of the city. Miss Harriet May Mills, one of the directors of the New York State Suffrage Association, welcomed the guests on behalf of the women of the city. The response was delivered by Miss Ella B. Kurtz, of New York, superintendent of the Manhattan State Hospital. The president's address by Mrs. Charles G. Stevenson. Reports of committees and delegates. The first session of the afternoon was devoted to Miss Annie Goodrich and legislation. The subject, the bill to standardize the word nurse. The majority of the nurses were discouraged, it was stated, and felt that the committee had expended large sums of money and accomplished nothing. But Miss Goodrich declared that the expenditure of large amounts had been necessary since the public, and especially physicians who have not seemed disposed to support the nurses' aim, must be educated to what it means to have the profession standardized. Miss Goodrich succeeded in having passed a resolution authorizing the cooperation of the executive committee of the New York State Nurses' Association with the legislative committee to have presented to the 1915 New York State legislature a bill "standardizing the word nurse and placing all schools of nursing under the control of the regents of the University of New York, unless subsequent events after this meeting is adjourned should indicate that it would be inadvisable to introduce such a bill this year."

At 6 P.M. the guests were entertained at a banquet, at the close of which the sessions were resumed. Arthur E. Hamilton, of New York, presented a paper on "Some Relations Between the Science of Eugenics and the Nursing Profession." He was followed by Dr. T. H. Halsted, who spoke of "The Tonsil in Its Relation to Rheumatism and Infectious Diseases." Dr. C. Floyd Burrows closed the meeting with a paper telling of the "Conquest of Contagion."

The first paper of the morning was read by Miss Carolyn C. Van Blarcom, executive secretary for the committee on the prevention of blindness, who spoke on "Various Aspects of the Midwife Question." Miss Katherine Tucker spoke on "The Nurse's Part in the Campaign for Mental Hygiene." Miss Gertrude Monfort presented an interesting paper on "Central Directories, Their Problems and Their Possibilities." Miss Rose Hifmeister spoke next on "Do Graduate Nurses Refuse to Take Care of Tubercular Patients?" and Miss Florence Fuller presented the last paper of the morning on "American Red Cross Town and Country Nursing Service."

The speakers at the afternoon session were

Health Officer Sears, who spoke on "The Causes and Prevention of Insanity," and Dr. Fred N. Meader, of the State Board of Health, who explained the State laws as they apply to communicable diseases. Mrs. Elmer Blair, a member of the Public Health Council of New York, was another speaker, her subject being "The Nurse's Part in Modern Methods of Health Conservation."

An effort made at the closing session to bring the question of woman suffrage before the body and to get passed a resolution indorsing the movement in this State was frustrated. When the resolution was proposed, Mrs. Charles G. Stevenson, of Brooklyn, president of the association, had one of the other members placed in the chair and took the floor. She openly stated her personal position with regard to the question, but declared that it did not seem to her the proper place to present a resolution of the kind. It seemed to her, she said, that matters relating to the granting of the right of suffrage to women should come up at a suffrage convention and not at a gathering of the New York State Nurses' Association. The nurses were there, she continued, to discuss the efficient care of the sick, and that the suffrage proposition had no place on the platform of the meeting. No resolution was offered.

Officers were elected at the closing session as follows: President, Mrs. Charles G. Stevenson, of Brooklyn; vice-president, Miss Emma J. Jones, of Rochester; secretary, Miss Beatrice Bamber, of New York; treasurer, Miss Annie O'Neil, of Utica; trustee for three years, Miss Amy Hilliard, of Albany; members of the Nurses' Examining Board, Miss Lydia Anderson and Miss June E. Hitchcock, both of New York, and Miss Etta E. Robinson, of Batavia; executive board, Miss Julia A. Littlefield, of Albany, Miss Annie W. Goodrich, of New York, and Mrs. Hugh R. Jack, of New York. The next place of meeting will be New York City.



New Jersey

The eighth annual meeting of the Mountainside Hospital Nurses' Alumnae Association was held at the Graduate Nurses' Club, 39 S. Willow Street, Montclair, on Wednesday, Oct. 21, 1914, when the following officers were elected for the ensuing year: President, Miss Willer; first vice-president, Miss Cox; second vice-president, Miss Stitt; corresponding secretary, Miss Montgomery; recording secretary, Miss LeRoy; treasurer, Miss Synnott; nominating committee, Miss Weiss, chairman,

Miss Budd, Miss Trippett; auditing committee, Miss Rice, chairman, Miss Hanlon, Miss Jamieson; visiting committee, Miss Guthrie, chairman, Miss Ganett, Miss Jamieson; entertainment committee, Miss Rice, chairman, Miss Trippett, Miss Scott, Miss LeRoy; printing committee, Miss Speicker, chairman, Miss Bryan. The meeting was well attended and a delightful social time was enjoyed by all at the close of the meeting.



Pennsylvania

The regular monthly meeting of the Alumnae Association of the Philadelphia General Hospital was held at the Graduate Nurses' Club, 1520 Arch Street, on November 3, at 3 P.M. The first vice-president, Mrs. Frances H. Lewis, presided, and there were twenty-eight members present. The minutes of the previous meeting were read by the secretary and approved. The report of the treasurer was read and accepted. The deaths of Mrs. Kathleen Fitzgerald Bluett and Mrs. Marguerita Lewis Belden were reported. The by-laws committee requested an extension of time to complete the new by-laws. Eight new members were admitted. By unanimous vote the Alice Fisher Memorial Scholarship was awarded to Miss Anna Louise Stanley, Class 1901. A vote of thanks was tendered Miss Margaret Wise for her work in connection with the scholarship. A vote of thanks was tendered Miss Krewson for her interest and assistance in the Alumnae meetings held in the Nurses' Home of the hospital. The Alumnae voted to join Mrs. Lewis's Parliamentary Law Class, to be held in the Club House in the near future. The chair appointed Miss Kennedy, Miss Ludekins, Miss Sutton, Miss Moran and Miss Guinther to meet with the delegates of the other Alumnae Associations at the Club House to arrange for the ballot of the American Nursing Association. Miss Eager, Mrs. Warmuth and Miss Seltzer were appointed to draft resolutions on the deaths of the two nurses mentioned. On motion, adjourned.

The following nine nurses were graduated from St. Vincent's Hospital Training School, Erie, Pa., October 8, 1914:

Miss Hulda Klaus, Miss Cora Heidt, Miss Eleanor Anthony, Miss Anna Foley, Miss Rose McLaughlin, Miss Francis Diamond, Miss Winifred Carroll, Miss Grace Cleveland, Miss Elizabeth Schwab.

The Alumnae entertained the class at a six o'clock banquet at Hotel Lawrence. The commencement exercises were held in St. Joseph's

To the Physician, a Suggestion:

No Alum — No Dyspepsia

The Doctor always looks to the food. Patients who eat judiciously of warm breads, hot biscuit, hot cakes, made light and tasty with Royal Baking Powder, may snap their fingers at dyspepsia. It is the tasty, appetizing food that aids digestion.

There is a quality in Royal Baking Powder coming from the purity, wholesomeness and fitness of its ingredients which promotes digestion. Food raised by it will not distress. This peculiarity of Royal has been noted by hygienists and physicians, and they are accordingly earnest in its praise, especially recommending it in the preparation of food for those of delicate digestion.

ROYAL BAKING POWDER

Absolutely Pure

No Alum

School Auditorium at 8.30 P.M. Mayor Stern conferred the diplomas and congratulated the nurses on their completion of the course of training. The annual meeting of the Alumnae was also held the same day, the new class being received into the Association. The following officers were elected for the ensuing year: Honorary president, Sister M. Rosalia Emig; president, Miss Elizabeth Hartleb; vice-president, Miss Catherine Carlin; secretary, Miss Agatha Whitman; treasurer, Miss Helena Munz.



Mississippi

The Mississippi State Association of Graduate Nurses met at Greenville October 30, in its fourth annual session, with fifty-five members from all parts of the State present. The morning session was devoted to routine business, while in the afternoon the visitors were given automobile rides over the city and visited the several hospitals in the city. In the evening at eight o'clock an interesting session was held at the Central School auditorium. Invocation by Rev. Philip G. Davidson; address of welcome by Judge Percy Bell; response by Jennie M. Quinn, president Mississippi State Association of Graduate Nurses; address, "The Work of the State Nurses' Association in Its Relation to the Public," by Dr. A. G. Payne; music; address, "Public Health and the Nursing Profession," by Dr. J. D. Smythe.



Arkansas

The Arkansas State Nurses' Association convened at Fort Smith October 27, also the Arkansas State League for Nursing Education. Among those who spoke were Miss Sinclair, Little Rock; Miss Tye, Fort Smith; Mrs. N. McDougal, Booneville; Mrs. W. C. Green, Pine Bluff; Miss Tstes, Texarkana, and Mrs. McMullen, Pine Bluff. Miss Mary Breckenridge Thompson, of Eureka Springs, addressed the public meeting. The following officers were elected: Miss Menia S. Tye, Fort Smith, president; Miss Ruth Riley, Fayetteville, first vice-president; Miss Helen C. Sinclair, Little Rock, second vice-president; Miss Della McKnight, Pine Bluff, third vice-president; Mrs. W. C. Green, Little Rock, treasurer; Miss Cora D. How, Fort Smith, corresponding secretary; Mrs. Irene M. Aydlett, Little Rock, recording secretary.



Texas

The graduate nurses of St. Joseph's Infirmary, Houston, Texas, have organized an Alumnae.

The first class from that institution graduated in the year 1907, and an average of eight nurses have graduated every year since that time, but up to the present there has been no school association. The nurses are all very enthusiastic over the organization, and will try to make a success of the undertaking. At the first meeting, held on September 13, 1914, the following officers were elected: Honorary president, Sister Mary Elizabeth, R.N., superintendent of the training school; active president, Miss Jennie McMaster, R.N.; vice-president, Miss Adeline Storhe, R.N.; second vice-president, Miss Clara Rix, R.N.; secretary, Miss Dorothy Manly; treasurer, Miss Sallie Reagan, R.N. At the second meeting held October 4, 1914, members drew up the constitution and by-laws. November 1 the chairmen of the several committees were appointed.



Wisconsin

The Marquette Women's League Nurses' Circle, of Milwaukee, gave a largely attended card party at the home of Miss E. Thomas, 426 Lafayette Place, Saturday afternoon, October 31. Refreshments were served. The proceeds will be divided between the Thanksgiving baskets and the relief of sufferers abroad at Christmas time.



Illinois

NOTICE OF EXAMINATION—TRAINED NURSE

The State Civil Service Commission will hold an examination for trained nurse on Saturday, December 5, 1914, at fourteen points in Illinois. This examination is open to residents of the United States from twenty-five to fifty years of age. The starting salary is \$40 a month, with board, room and ordinary washing, and there is possibility of increase to \$75 a month. Several vacancies now exist in the College of Medicine of the University of Illinois at Chicago, the Training School for Girls at Geneva and the Illinois State Penitentiary. The principal duties of a trained nurse are to take care of the sick in a hospital ward and to assist at clinics and operations. Candidates must have a license as registered nurse before certification, and have thorough training and experience in practical nursing.

The examination will consist of the following parts, weighted as indicated: Training and experience, 4; technical questions on nursing and assisting at clinics and operations, 6. Applications must be on file at the office of the Commission in Springfield not later than 5 P.M., Saturday, November 28. The proper forms may be secured

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by addressing the State Civil Service Commission, Springfield, Ill. Persons receiving copies of this notice are requested to call the examination to the attention of qualified persons. Additional copies will be sent on request.

The following preliminary announcement of lectures and papers on various phases of the tuberculosis problem is made by the Nurses' Study Circle of the Dispensary Department of the Chicago Municipal Tuberculosis Sanitarium for the season of 1914-1915:—October 9, 1914, "The Chief Points in the Field Nurse's Care of the 'Advanced Consumptive in His Home,' Miss Edna L. Foley, superintendent, Chicago Visiting Nurse Association. October 23, 1914, "What a Tuberculosis Nurse Should Know Concerning the Sputum of the Tuberculous Patient," Miss Fannie J. Davenport, R.N., head nurse, Stock Yards Municipal Tuberculosis Dispensary. November 6, 1914, "Fraudulent Consumption Cures" (Illustrated), Dr. A. J. Cramp, head of the Propaganda Department, Journal of the American Medical Association. November 20, 1914, "Tuberculosis, a Family Problem," Miss Mabelle Smith, R.N., head nurse, West Side Municipal Tuberculosis Dispensary. December 4, 1914, "How to Adapt the Average Workingman's Diet to the Requirements of the Tuberculous Patient," Miss Florence Nesbit (dietitian), field supervisor, County Pension Department. December 18, 1914, "Difficulties Encountered by the Field Nurse in Handling Tuberculosis Cases in the Average Workingman's Home," Mrs. Barbara H. Bartlett, R.N., head nurse, Southwest Municipal Tuberculosis Dispensary. The meetings will be held at the City Club, 315 Plymouth Court, at four o'clock on the afternoon of the dates given. Open to all nurses and social workers.

Occupying the place of honor among the articles that will be placed in the Nurses' Home at the City Hospital, Moline, will be a beautiful silver loving cup, presented to the nurses by the doctors of the lecture classes. On the cup will be engraved the name of Miss Marguerite Haubenschild, member of the graduating class, which held commencement exercises recently. The honor comes to her as the result of having an average of 96 per cent. in her student work at the hospital. In the future the name of each graduate who attains an average of 96 or more will be engraved on the cup.

Iowa

The Nurse Examining Board of Iowa wishes to call attention to the following notice:

"Any one knowing the name and address of any nurse, or nurses, who are practising nursing in the State of Iowa as a registered or graduate nurse, will please send same to Dr. G. H. Sumner (secretary), State House, Des Moines, Iowa, at your earliest convenience. Forty-five nurses were present for the special nurses' examination held October 13, 14 and 15. The next examination will be held in Des Moines some time during the month of January. The dates have not been set."



Minnesota

The Swedish Hospital Nurses' Alumnae Association of Minneapolis held its annual meeting on Tuesday, October 20, at the Nurses' Home of the Swedish Hospital. About sixty nurses and some visitors were present. Miss Lillian Chilgren, president of the Alumnae Association, presided at the meeting, first introducing Dr. Marion A. Mead, who is in charge of the central registry for nurses of Minneapolis. Dr. Mead addressed the Association on "Nursing Ethics." Miss Chilgren responded most fittingly for the Alumnae, and introduced Miss Ida Isaacson, who was the organizer of the training school of the Swedish Hospital of Minneapolis, and who is now once more at its head. At this meeting Miss Isaacson was made honorary member of the Alumnae Association and was presented with a beautiful floral offering. Miss Isaacson's response was impressive.

A collation was served in the dining room at the Nurses' Home and toasts were given by former superintendents—Miss Esther Porter, who was the organizer of the Alumnae, now superintendent of nurses at the Bethesda Hospital of St. Paul; Miss Harriet Leach, now superintendent of nurses at St. Barnabas Hospital, of Minneapolis, and Miss Hannah Swenson, president of the Hennepin County Registered Nurses' Association of Minneapolis. Vocal numbers were given by Misses Grunlid and Roth. Misses Smith and Henderson presided at the piano.



Nebraska

STATE BOARD EXAMINATION

Obstetric Nursing and Gynecology—1. (a) What is the pelvis? (b) What organs does it contain? 2. What are the signs of pregnancy? 3. What abnormal conditions may arise during pregnancy? 4. Describe the following: placenta prævia, abortion, extra-uterine pregnancy, meconium. 5.



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What are the signs and symptoms of actual labor? 6. What care would you give the eyes of the newborn? 7. Give temperature of water of the first bath. 8. (a) What is menopause? (b) Mention some attendant symptoms indicating the necessity of medical aid. 9. Give in detail the post-operative care of a perineorrhaphy. 10. Describe the positions for pelvic examinations. 11. How may a patient be encouraged to void after operation? 12. What would you do for post-partum hemorrhage in the absence of the physician?

Medical Nursing and Hygiene—1. State cause and symptoms of bed sores. 2. Describe first-aid treatment for burns. 3. How would hemorrhage of the lungs be distinguished from hemorrhage of the stomach? 4. What care would you give the mouth of a typhoid fever patient? Why is this so important? 5. What is the significance of a sudden drop in temperature of a typhoid fever patient? 6. What special care is given a patient with an acute contagious eye infection? 7. What symptoms would you watch for in acute nephritis? 8. How would you prepare a patient to be released from isolation? 9. What precautions could a nurse use for herself in nursing an infectious disease? 10. Describe an ideal sick-room from a hygienic standpoint. 11. Why is bathing so important to health? 12. (a) What is the proper method of giving a hot pack? (b) A bladder irrigation?

Materia Medica and Urinalysis—1. Name three saline cathartics, state briefly how they act. Give doses and mode of administering. 2. Give therapeutic action of arsenic and dosage of Fowler's solution. 3. (a) How does strychnine affect the heart, the pulse, respiration? (b) Give treatment of strychnine poisoning. 4. (a) Give action of morphine. (b) Give doses of following preparations: morphine sulphate, codeine sulphate and camphorated tincture of opium. 5. Name three coal-tar antipyretics. What are the therapeutic uses of these drugs? What is the dose? 6. (a) Compare the anesthetic action of ether and chloroform. (b) What three things should be done in collapse during an anesthetic? 7. How many cubic centimetres in 1 fluid drachm? How many cubic centimetres in 1 fluid ounce? How many cubic centimetres in 1 pint? 8. What is digitalis? Give therapeutic action. What are its disadvantages? Name three important preparations and their doses. 9. Give five important rules in administering medicines? 10. Define the following terms: anodyne, hypnotic, mydriatic, diaphoretic, antipyretic, emmenagogue. 11. In what five ways are medicines introduced into the circulation? 12. How would you proceed to collect a twenty-four-hour specimen of urine and give a four-ounce specimen for analysis.

Dietetics—1. What is food? What is meant by food principles? Name them, give their functions and tell the chemical they contain. 2. What is a calorie? How many calories in a gram of protein, fat, carbohydrates? How many calories in a pound of protein, fat, carbohydrates? 3. Explain the processes and changes that take place in the digestion of proteins, carbohydrates and fats. 4. What is a beverage? Name six uses. 5. Explain the difference between plain, certified, pasteurized and sterilized milk. 6. Tell

how you would prepare a cup of tea, coffee or cocoa? 7. What food principle is to be guarded against in the diet of a diabetic? Name some foods that may be given. Name some foods that should not be given. 8. What are the essential points in cooking starched food? How should meat be cooked in order to retain its juices? How should meat be cooked if it is desired to extract the juices? 9. In serving food to the sick, name five principles that should govern the nurse. 10. Name three chief purposes of cooking food. 11. What is the proper way to boil an egg, to cook rice, to make custard and make junket and give your reasons for so doing? 12. In preparing a meal for a patient in a home, what should be the nurse's aim?

Children's Diseases—1. Describe in detail the care you would give a child with pneumonia. 2. How would you instruct a mother to give a sick baby a bath? 3. Give five general suggestions on the care and feeding of infants. 4. Give five general suggestions on the home conditions which should exist for healthy children. 5. What would you do for a baby with diarrhea? 6. Give some suggestions for the amusement of children convalescing from contagious diseases. 7. Have you been taught to wash a baby's mouth, and if not, why not? 8. How would you relieve by external measures the itching of the acute eruptions of childhood diseases? 9. Define pediatrics? 10. Give symptoms of adenoids in children. 11. What care and management would you give a child with whooping-cough? 12. Name some common complications of diphtheria and of scarlet fever.

Surgery and Bacteriology—What after care should be given a patient who has had a perineorrhaphy? 2. What articles should be ready for the administration of chloroform? 3. Describe the care the nurse should give a patient who is under a general anesthetic. 4. Describe the method of preparing the field of operation for an abdominal section. 5. Define: (a) asepsis; (b) antisepsis; (c) sterilization; (d) disinfection. 6. Discuss briefly the question of a nurse wearing on the street the same uniform which she wears on duty in a hospital. 7. State chief complications that may occur after an abdominal operation. Symptoms of each. 8. What are bacteria? 9. Name four conditions necessary for the growth of bacteria. 10. What causes decomposition? 11. Describe isolation and disinfection in contagious diseases under the following heads: (a) The patient; (b) the nurse; (c) the physician; (d) excreta; (e) dishes used by the patient.

Nervous and Mental Nursing—1. What are the symptoms of apoplexy? 2. What are the important points to remember in nursing a patient with paralysis? 3. What are the symptoms of chorea? 4. What advice would you give a mother whose child attending school is suffering from chorea? 5. What are the special points to be observed in nursing patients with meningitis? 6. Mention the important care to be taken when restraint is necessary to control a patient. 7, 8. What are some of the essential qualifications of a nurse for the successful care of neurasthenic patients? 9. How should a nurse deal with hysterical patients? 10. In examining a person whom you found unconscious, what particulars

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often overlooked, is the use of the stimulant beverages—tea and coffee.

Children, being of impressionable nature, are easily influenced by the caffeine in tea and coffee, and are apt to become confirmed in the habit.

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would you note? 11. How would you distinguish between insanity and delirium? 12. Define mania, hallucination, delusion, illusion, and give an illustration of each.

Anatomy and Physiology—1. Name the three cavities of the body. 2. How many bones in the lower extremity? 3. What functions are performed by the skin? 4. (a) Name the divisions of the small intestines; large intestines. (b) What is the pylorus? 5. When is a limb flexed? extended? abducted? adducted? retarded? 6. (a) Give four important functions of the blood. (b) Composition of the blood. 7. (a) Give an example of each kind of tissue. (b) Where found. 8. Describe the heart as to tissue, size, location in thorax, cavities, valves. 9. (a) Name the division of the respiratory tract. (b) What takes place in the lungs during respiration? 10. Name the digestive juices, and the more important enzymes and state their action. 11. (a) What is absorption? (b) By what paths do foodstuffs find their way into the blood? 12. Give the functions of the sympathetic system.



Personal

Miss Isabel Harroun has resigned her position, after eight years of continuous service as night supervisor at Toledo Hospital, Toledo, Ohio, and has gone to California for an indefinite stay. Address 1937 Kirkwood Avenue, Pasadena, Cal., care of Miss M. E. Buckley.

Mrs. Ethel F. Berrill (nee Markgraf) is one of the Canadian nurses who have left recently for Europe, to engage in Red Cross work. Mrs. Berrill is a graduate of the Albany Hospital Training School, Albany, N. Y., Class of 1912.

Miss Marie Buch has accepted the position of head nurse at the Wellsville Sanitarium, Wellsville, N. Y.

Miss Van Pelt has resigned her position as superintendent of nurses at the General Memorial Hospital, New York.

Miss Eva McLoughlin has resigned her position as night superintendent at the General Memorial Hospital, New York, and has accepted a position at the Hygeia Hospital at Richmond, Va.

The following graduates of Gowanda (N. Y.) State Hospital are taking post-graduate courses: Misses Ruth N. Olson and Hedvig A. Wecall, at New York Polyclinic; Misses Juva N. Lang, Katherine R. O'Reilly, Emily A. Harvey, at Buffalo Homeopathic Hospital.

Miss Minerva Senft, of Spring Grove, Pa., has been elected superintendent of the Elizabeth City Hospital, Elizabeth City, N. C. Miss Senft is a graduate of the York (Pa.) Hospital.

Miss Annie Smith has been appointed second assistant superintendent of the General Hospital, Rochester, N. Y. She was graduated from the Massachusetts General Hospital, Class of 1895.

Miss Julia White, superintendent of the Red Wing (Minn.) Hospital for the past two years, has tendered her resignation. Miss Anna Belle Hays, assistant superintendent of the Minneapolis City Hospital, has been appointed to succeed Miss White.

Miss Arabella H. Creech, of Elizabeth, N. J., has been appointed by Governor Fielder as a member of the state board of examiners of nurses, to succeed Miss Florence Dakin, of Paterson, resigned.

Mrs. Wardellen Purman, after four years of faithful service, as superintendent of the Paterson (N. J.) General Hospital Training School for Nurses, has resigned her position to take a much-needed rest.

Miss Eleanor J. Wagner, graduate of the Erie County Hospital, Buffalo, N. Y., resigned her position with the health department, New York City, and has accepted the position of superintendent, Detention Hospital, Hibbing, Minn.



Marriages

On October 8, 1914, at Atherley, Ontario, Canada, Lillie Jamieson, graduate nurse, Gowanda State Hospital, Class of 1902, and Polyclinic, New York, Class of 1906, to Rev. John Mackensie, B.D. Rev. Dr. and Mrs. Mackensie will reside in Uptergrove, Ontario.

On August 17, 1914, at Sayre, Pa., Mrs. Mayme V. Schefers (Mayme Townsend), graduate nurse of the Binghamton State Hospital, to F. A. Ellis. Mr. and Mrs. Ellis will reside in Hammondsport, N. Y.

On October 12, 1914, Armene Brabant, graduate nurse of the General Hospital, Sault Ste. Marie, Ontario, Class of 1911, to Augustine Oswald, of Boonville, Mo.



WE have often made the statement that complete Nemo comfort and style require the selection of the *right model* in the *right size*. We will now go a step further and say that even the right model in the right size will not give real satisfaction if *improperly worn*.

A Case in Point

A short time ago, in one of the great New York stores, a woman bought a Nemo No. 316. She was carefully fitted, and said she "never had a corset that felt so easy and helpful."

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Fortunately, the saleswoman was a member of the Nemo Hygienic-Fashion Institute. She took the customer to a fitting-room—and located the difficulty at once.

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The front steels in No. 316 are incurved at the lower ends. If the corset is properly worn, and *kept down* so that the curved steels follow the natural curve of the figure, there is a sense of grateful support and complete ease; and when the steels are kept in their proper place, the rest of the corset is also in correct position.

What had happened?

This customer, for whose figure No. 316 was "*made to order*," hadn't thought it necessary to loosen the laces and readjust the corset when putting it on.

The inevitable result was that she was totally unable to get the corset into its proper place. *It was fully an inch too high on the figure*. The "bridge" effect was largely lost, and the curved steels gave anything but *comfort*.

The corsetiere readjusted the corset and the woman departed, corset-happy once more.

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that no Nemo Corset will *fit correctly* and give perfect Nemo satisfaction unless the laces are loosened and the corset readjusted each time it is worn. That is the only way to secure the matchless ease, comfort and durability of a Nemo.

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In October, at St. Patrick's Church, Allentown, Pa., Agnes M. Conlan, of Norwich, Conn., to William J. Leahy, of Allentown.

On October 24, 1914, at New York, Julia A. Whitmore, of Wilmington, Del., to Dr. W. Edward Gorman, of Springfield, Mass.

On October 15, 1914, at Syracuse, N. Y., Beatrice Thornton Buley to Dr. Frank Beeby Conterman.

On September 20, 1914, at Warsaw, N. Y., Ruth Cybilla Seigwalt, a graduate nurse of the Deaconess Hospital, Buffalo, to Harold Tyrrell Northen.

On September 16, 1914, at the Universalist Church parsonage, Middletown, Conn., Jessie Douglas to Frank H. Bullard.

On September 23, 1914, at the home of her grandparents, Mr. and Mrs. Richard Elliott, at Morning Sun, Iowa, Lela Fern Wilson, graduate nurse of the German Hospital, Chicago, to J. B. Warick.

On October 5, 1914, at St. Francis Church, Mary V. Caulfield, of Plainfield, N. J., to Joseph P. Barrett, of Bradley Beach.

On September 25, 1914, at St. Mary's Church, Danbury, Conn., Bessie McNamara, a graduate nurse of Long Island Hospital, New York, to Dennis Cullum.

On October 5, 1914, at Trinity Episcopal Church, Irvington, N. J., L. Blanche Rood to L. Parker Runyon. The bride until recently was a member of the faculty of the Vassar Brothers' Training School for Nurses in Poughkeepsie, N. Y.

Recently, at the home of her aunt, Mrs. Evan A. Griffith, Utica, N. Y., Olwen Griffith to John P. Williams.



Deaths

Recently, at Swift Current, Sask., Anna Asenath Hawley. With the death of Miss Hawley a most beautiful life has gone out, and the nursing profession has lost one of its most interesting members.

Miss Hawley herself was born at Cowansville, Que., where her people had come after a residence

of some years in the United States. She was teaching school at sixteen, and a few years later, hearing an address by Rev. Dr. Renison, then a missionary in the northland, she was stirred with the desire to carry the tidings of good things to those who had never heard. Later a member of the Woman's Auxiliary asked her to volunteer for foreign service, and to this end she entered as a nurse-in-training. After her graduation, however, the needs of her own country called her, and she went as nurse, teacher and general mother and sister to the Indian reservation at Fort a la Corne, Sask. Here she did blessed work, finding time, also, to write charming and touching little stories of the incidents of her work. Her series of letters to "Belle," which appeared in *THE TRAINED NURSE AND HOSPITAL REVIEW*, will be remembered by many of our readers. The hard life and the loneliness of this post told in time, and Miss Hawley was compelled to resign, and later went into hospital work at the place where she died, from the effects of a very serious operation. At the time of her death Miss Hawley was preparing a book relating her experiences, the proceeds of which she intended giving toward the missionary work of the Church of England.

On October 23, 1914, at St. Paul, Minn., Jennie M. Quinn, a well-known trained nurse.

On October 9, 1914, at Los Angeles, Cal., Mabel Cummings Avan, a trained nurse. Miss Avan, in a fit of despondency, took an overdose of morphine. Heroic efforts were made to save her life, but without avail.

On October 9, 1914, at the Monmouth Memorial Hospital, Long Branch, N. J., Mrs. Frank Holt. Mrs. Holt was, before her marriage, Rose Applegate, graduate nurse of the Monmouth Memorial Hospital, Class of 1900. She is survived by her husband and son James, aged six.

On October 23, at Mercy Hospital, Council Bluffs, of typhoid fever, Grace Hilgren, a pupil nurse.

In September, 1914, at Springfield, Mo., Ada Siegler, a graduate nurse of the Henrietta Hospital, East St. Louis.

On November 5, 1914, at the Ellis Island Hospital, N. Y., after a brief illness, Kathryn A. Finnegan, a graduate nurse of the Brooklyn Hospital. After graduation Miss Finnegan accepted a position at the Ellis Island Hospital.

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ANEMIA of All Varieties:

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contains valuable nutrients—phosphates of calcium, sodium, magnesium and iron. It is, therefore, far superior to Dilute Phosphoric or other acids.

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A teaspoonful in a glass of cold water
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Book Reviews

Mrs. Rorer's Diet for the Sick: Dietetic Treating of the Body, What to Eat and What to Avoid in Each Case; Menus and the Proper Selection and Preparation of Recipes, together with a Physicians' Ready Reference List. By Sarah Tyson Rorer. Price, \$2.00 net.

A new book from the pen of Mrs. Rorer needs neither introduction nor recommendation; its welcome and its usefulness are assured. The present volume is no exception, and will be found a valuable addition to the working library of every home dietitian and every trained nurse, for it is full, clear, unusually practical and an excellent book for ready reference. The first few pages contain general suggestions for the feeding of the sick; this is followed by Part I, in which is considered the proper diet for a long list of diseases and conditions, varying from apoplexy to pregnancy and from sick headache to the post-anesthetic period. Part II is given to recipes for dishes of every kind suitable for invalids, the directions being clear and full enough to enable the most inexperienced to follow them without difficulty. Part III is the "Physician's Ready Reference List," designed, as stated by the author, "to facilitate the work of the physician and conserve his time. A full list of correct foods is given for each case, and at the same time emphasis is laid on what to avoid." The style of the book is simple and untechnical, and the author gives much valuable information regarding the causes of disease and the principles which underlie successful treatment.



Nurses' Papers on Tuberculosis. The City of Chicago Municipal Tuberculosis Sanitarium, Dispensary Department, has recently issued Bulletin No. 1, which is a collection of papers read before the Nurses' Study Club, of the department, as follows: Nurses' Tuberculosis Study Circle, introduction by Dr. Theodore B. Sachs; Historical Notes on Tuberculosis, Rosalind Macay, R.N.; Visiting Tuberculosis Nursing in Various Cities of the United States, Anna M. Drake, R.N.; Provision for Outdoor Sleeping, May MacConachie, R.N.; Some Points in

the Nursing Care of the Advanced Consumptive, Elsa Lund, R.N.; Open-Air Schools in This Country and Abroad, Frances M. Heinrich, R.N.; Notes on Tuberculin for Nurses.

This pamphlet is a storehouse of practical information, which cannot fail to be of everyday value to nurses in all branches of social welfare work, and is published with the idea of attracting the attention of other organizations to this method of stimulating study among their nurses. Copies can be obtained from the department at 105 Monroe Street, Chicago, Ill., on receipt of 10 cents in postage. In quantities they may be purchased at the rate of \$5 per hundred, plus cost of express or parcel post charges.



Practical Bandaging. By Eldridge L. Eliason, A.B., M.D., assistant instructor in surgery in the University of Pennsylvania Medical School; assistant surgeon University of Pennsylvania Hospital; assistant surgeon Howard Hospital; member of the College of Physicians of Philadelphia. Price \$1.50.

This book of Dr. Eliason's is a most welcome addition to nursing literature. The original drawings and photographs, 155 in number, are of such a high order of excellence that they deserve more than a passing mention. The book has been written for students and nurses, and its style is simple and non-technical. All the recognized classical bandages in common use are described. In addition, however, the author has added paragraphs or illustrations of methods or turns which have been found more efficient in his experience. All the drawings were made from a model dressing.

One chapter is given up to the miscellaneous bandages and dressings, and includes handkerchief bandages, cravats, slings, swathes and various especially constructed dressings in more or less common use. A short chapter handles in a brief manner rubber or elastic bandages and their substitutes. Another chapter treats in detail the question of adhesive plasters, describing the various types, their storage, application and removal. The last chapter discusses plaster of Paris in all its phases.



A Standardized Product.

The physician, whenever possible, uses drugs, solutions and serums of standard strength. This abolishes uncertainty. The preparation of the invalid's food, however, is left to the skill of the nurse. How much to be desired, then, is a food product that yields uniform results irrespective of such skill.

JELL-O

is a standardized product, thus differing from those which have a variable water content and yield jellies of widely differing strengths.

The nurse preparing JELL-O knows exactly what her patient will receive, and she realizes also that she herself is spared much unnecessary work by the adoption of the "easy JELL-O way."

There are seven pure fruit flavors of JELL-O: Strawberry, Raspberry, Orange, Lemon, Cherry, Peach, Chocolate.

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The Genesee Pure Food Co.

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The name JELL-O is on the package in big red letters. Be sure you get JELL-O and not something else.



New Remedies and Appliances

Dimazon Ointment

Prof. B. Bendix (Berlin) made experiments and realized permanently successful results in cases of severe chronic forms of eczema of face and head. Dr. Bendix sums up his experience with Dimazon in the report given below:

"My experience with the application of Dimazon Ointment in eczema can be summed up in the statement that it causes a speedy reduction of the irritative symptoms and a rapid removal of the scabs. Moist eczema becomes dry, in scaly eczema the formation of scales ceases, and in all forms of the disease the annoying itching is minimized. It is evident, however, in order to obtain the full therapeutic effect of Dimazon ointment, the child should be nursed very carefully and a dietetic regimen followed that is suitable to its condition."

Send your professional card for sample to the Heilkraft Medical Company, Boston, Mass., and try it. Dimazon Ointment is useful in many cases other than eczema.



Cold Feet

A clever, useful article has been invented to replace everything heretofore used to heat the bed or keep the feet warm.

A man who owns a pottery works conceived the idea of making a hot water bottle of clay that would retain its heat many hours and which would not spring a leak and would not burn the patient or flood the bed.

The Henderson Foot Warmer is one of the most ingenious things yet invented for every-day use. It will last for years, is easy to fill, easy to handle, and useful for indoors or outdoors, where foot warmers are necessary, as well as invaluable in the sick-room. Give one as a Christmas gift to your friend suffering with cold feet, who will bless you every time it is used. Send \$1 to the Dorchester Pottery Works, Dorchester, Mass., and the Henderson Foot Warmer will be expressed; you must pay express charges.



New Hypodermic Syringe

"A Christmas gift for nurses," described on another page in this issue, is made up of the highest grade articles and deserves recognition.

The house selling these goods is a firm believer in quality. Nurses and hospitals should purchase the best goods produced; it never pays to buy poor goods. Our prices are right and we guarantee satisfaction. Monnier Company, Boston, Mass.



Colgate Talc Has a Direct Sanitary Effect

A talc powder which possesses positive antiseptic and disinfecting properties is offered in Colgate's Talc Powder, with its handy six-holed top controlling the flow of powder.

One of the best known firms of analytical chemists in the United States reports—after carefully testing Colgate's Talc—that it has a marked inhibitory action on the growth of virulent, pus-forming bacteria, such as staphylococcus pyogenes aureus, the bacillus pyocyaneus and the streptococcus pyogenes. It is also stated in the report that the perfume used in the Violet Talc adds directly to the value of the powder.

In addition to the Violet Talc mentioned, Colgate & Co. manufacture seven other perfumed talcs. The latest addition to the Colgate Talc family is the Baby Talc Powder, which possesses the same antiseptic and healing properties as the others, but is more delicately scented.



Synol in the Profession

The most effective means by which physicians combat epidemics or the spread of contagious diseases, or sickness of any kind, is through cleanliness on the part of every member of the community.

Synol Liquid Antiseptic Soap comes in a shaker top bottle to be used only as wanted; thus each user has soap previously untouched by others, consequently no germs can be carried. This appeals especially to the trained nurse going from house to house, who might carry germs from the sick-room to other members of the household by using other than liquid antiseptic soap, and the majority of nurses today have Synol in their equipment.

If you have not tried Synol write the manufacturers, Johnson & Johnson, New Brunswick, N. J., for sample.



Testimony from experienced nurses

Below are a few extracts from the hundreds of letters we have received from nurses, describing how useful Mennen's Borated Talcum Toilet Powder has been to them.

A large number of these letters refer especially to the use of Mennen's in the care of infants—dressing the umbilical cord, and soothing and relieving young babies in the many illnesses to which they are subject.

"I do not think these babies would have lived if it had not been for Mennen's." (Eczema.)

"This powder I used for umbilicus dressing for 8 years with the finest results."

"I prefer it to any other powder for chafing, abrasions, prickly heat and irritations caused by teething in infants."

"I began to use this powder while doing maternity cases in a Buffalo hospital. I never had one case where the baby became sore or chafed."

"... In a few minutes the child was resting easily, and is almost well now. I believe your powder was the means of saving its life." (Blisters.)

"I am both a graduate and a registered nurse, and I use Mennen's in preference to all others."

"During the two years I had charge of the children's wards in St. Luke's Hospital, New York, I used Mennen's a very great deal; it gave most satisfactory results."

Those who are unfamiliar with Mennen's Borated Talcum Toilet Powder will be surprised to know the excellent results it gives—the manner in which it soothes and comforts little children, and the beneficial effect it has upon all skin troubles.

To use Mennen's is to be both safe and sure.

Mennen's Borated Talcum Toilet Powder



Trade Mark

For sale everywhere, 25c, or by mail postpaid. Sample postpaid for 4c. State whether you wish the Violet Scented, or the Borated. Address Gerhard Mennen Co., Newark, N.J.



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In Its Best-Liked Form

This is to physicians who don't know of Pettijohn's. Those who do know it already employ it.

Pettijohn's is soft, rolled wheat *with the bran*. Analysis shows it 3.9 per cent bran. That is one-third more bran than we find in some "health biscuits."

It is widely consumed—and has been for years—as a delicious breakfast food. To many it is the most inviting morning dish they know. And it holds its users in a most unusual way.

You will never find, we think, another form of bran food which so perfectly meets your requirements. You will find none which patients are so glad to accept.

These are facts which, when you prove them, you'll be very glad to know.

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Chicago, Ill.

(716)

The Publisher's Desk

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ANNETTE SUMNER ROSE

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THE TRAINED NURSE AND HOSPITAL REVIEW

is a magazine of practical nursing and progress—not an organ. It is the magazine for the nurse who desires open-minded, free discussion of all nursing questions, and who expects to keep abreast of the times in regard to practical methods in the nursing field. The magazine with the courage of its conviction, which numbers among its contributors the cleverest writers in the hospital and nursing world.

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Pettijohn's Food

Every little while we hear or read stories of wonderful preparations of nutriment in very condensed form—food in the shape of small lozenges, which men on long tramps (soldiers, for instance) can carry in their vest pockets and make a square meal by swallowing one little tablet. Such stories appeal to the layman, especially to the militarist. The wish is father to the thought. But medical men know that such extreme condensation of nutriment is impracticable, for the reason that the *bulk* of our food is a very important element in it. The ash of foodstuffs, as we call it, while it has no nutritive value, serves a most necessary purpose; and if food were reduced to pure, unadulterated nutriment and nothing else we would soon die of food. In like manner the bran of wheat, while it has no nutritive value, has an important use, and wheat that is stripped of its bran is deprived of a large item of its food value. Pettijohn's rolled wheat preserves this bran content, yet in such a way that it does not impair the wheat flavor—in fact, the wheat flavor is accentuated. This rolled wheat with bran comes nearer to fulfilling the natural function of the wheat than anything else in its line. You can sample it for yourself.—*American Journal of Clinical Medicine.*

†

Sore, Inflamed Skin Healed by Comfort Powder

Brooklyn, N. Y.: "I have found Comfort Powder a healing wonder for all skin soreness. In one case I quickly healed the sore, inflamed skin of an infant with Comfort Powder after the doctor and mother had tried all kinds of talcum powders, fuller's earth, boracic acid, soda-bicarbonate, etc., and failed. In my opinion, there's nothing like Comfort Powder for all skin soreness of infants, children and adults."—**JULIA MCBEE**, Nurse.

For itching, chafing, scalding, rashes, hives, pimples, infants' eczema, bed sores or any skin irritation or soreness of infants, children or adults, Comfort Powder cannot be excelled. Be sure you get the genuine, with the signature of E. S. Sykes on box.

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